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MATERNAL COPING ADAPTATIONS, SOCIAL SUPPORT AND
TRANSITION DIFFICULTIES TO PARENTHOOD OF FIRST-TIME
CIVILIAN AND MILITARY MOTHERS

By

Jeanette M. Splonskowski, RN

A RESEARCH PROJECT

Presented to the Faculty of
The Graduate College in the University of Nebraska
In Partial Fulfillment of Requirements For the Degree of
Master of Science
College of Nursing

Under the Supervision of
Assistant Professor Janice J. Twiss, R.N., Ph.D.

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Abstract

The purpose of this comparative study was to determine if there was a difference in transition difficulty, social support, and maternal coping adaptation among military mothers and civilian mothers, 20-29 years old, at three months post birth. There is little research on the transient nature of the military family, whether this contributes to transition difficulty to parenthood, and what support systems are likely to be utilized. This research was designed to fill the gap by describing these differences. Family systems theory provided the framework for the study. The Modified Transition Difficulty Scale (TD), (Steffensmeier, 1982; Twiss, 1989), the Family Crisis Oriented Personal Evaluation Scale (F-COPES), (McCubbin et al., 1987) and the Social Support Index (SSI), (McCubbin, et al., 1982) were administered. Data were collected by mailed survey from a convenience sample of 54 first-time mothers, 25 military mothers and 29 civilian mothers at three months following delivery. Using t-tests, no significant differences were found between the two groups with the Modified Transition Difficulty Scale, the Family Crisis Oriented Personal Evaluation Scale and the Social Support Index. Military mothers, however, showed a trend toward utilizing more internal coping resources when compared to the civilian population. Conclusions obtained from this study are that military nurses may utilize the available research findings from studies which have been conducted on civilian populations when considering nursing interventions to assist their military clients with transition difficulty to parenthood.

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CHAPTER I

Introduction

For married adults, the transition to parenthood can be one of the most stressful of their expected life experiences.

Although the months of pregnancy should give the couple time to prepare themselves, they actually acquire the roles and tasks of parenting abruptly. As soon as the infant is born, the couple have parental roles. Society has definite expectations regarding those roles.

Women in today's society have more options than those in earlier generations when seeking further education, choosing a career, and deciding whether to marry and bear children. A woman experiencing pregnancy and motherhood for the first time can be expected to experience a degree of stress and conflict when faced with the changes a baby will create in her life.

The family has been conceptualized as an integrated social system. The addition of a member to the group would understandably cause rearrangements in role and status interrelationships. LeMasters (1957) hypothesized that adding a child to the marital dyad could constitute a crisis. The role transition from nonparent to parent has received considerable attention. Classes available to pregnant women are generally focused on the labor, delivery, and immediate postpartum periods. Postpartum classes generally are constructed around physical aspects of infant feeding, bathing, diapering, and comforting

techniques. Very little information is available to new parents to facilitate transition to their new role.

Social support systems have been found to be the most effective factor in modifying stresses that accompany maternal adaptations and transition to parenthood (Crnic, Greenberg, Robinson, & Ragozin 1984). In today's mobile society, it is unlikely that new parents will be living near their extended families. Military couples becoming parents for the first time may have access to even fewer of the traditional social support systems, given the transience of the military population. As a result, military couples may utilize unique resources during their transition to the role of parenthood.

The Problem

Although the transition to parenthood has received some attention in the past three decades, the transitions experienced by the childbearing military family have not been addressed. The purpose of the comparative study presented here is to describe the differences in maternal coping adaptations, social support systems, difficulties with transition to parenthood experienced by first-time mothers in civilian and military populations at three months postbirth, and to answer the following questions:

1. What are the differences between first time mothers in military and civilian families with regard to difficulty in transition to parenthood, maternal coping adaptations, and social support?

2. What are the demographic differences of mothers in the civilian population as compared to the mothers in the military population?

Hypotheses

Between the two groups -- civilian mothers 20-29 years of age at three months postbirth, and military mothers 20-29 years of age at three months postbirth -- there is:

1. a significant difference in transition difficulty to parenthood;
2. a significant difference in maternal coping adaptations utilized;
3. a significant difference in support systems utilized;
4. a significant relationship between maternal coping adaptations and the degree of transition difficulty to parenthood; and
5. a significant relationship between the availability of social support and the degree of transition difficulty to parenthood.

Operational Definitions

Military mother. For the purpose of this study, a woman, 20 - 29 years of age, who is either an active duty military member or married to an active duty military member is referred to as a military mother.

Civilian mother. A woman, 20 - 29 years of age, who is not an active duty military member, and is not married to an active duty military member is referred to as a civilian mother.

Membership in the National Guard or Reserves did not eliminate a subject from the category of civilian mother if the military member was not deployed during the timeframe of the study.

Transition difficulty to motherhood. The degree to which the mother perceives negatively the new situations and changes in relationships which accompany the birth of the first infant is considered transition difficulty. (Steffensmeier, 1982). Examples of problems experienced during transition to the motherhood role, which may be perceived as negative, are emotional and physical problems, financial concerns, fatigue, discomforts, and the feeling of inadequacy as a mother. A fussy baby, restricted freedom, physical demands of infant care, strains on the marital relationship, and the emotional demands of parenting are among the types of stressors related to parenthood. These issues were defined on the Modified Transition Difficulty Scale (Steffensmeier, 1982; Twiss, 1989).

Maternal coping adaptations. Maternal coping adaptations are those internal and external resources utilized by the mother to achieve a new level of balance and fit following the birth of an infant. Internal resources may include problem solving techniques and behavioral changes within the family system (McCubbin & McCubbin, 1987; Miller & Sollie, 1980). External resources include assistance from extended family members, asking advice from parents of young children or utilizing community resources. Coping adaptations were measured by the Family Crisis

Oriented Personal Evaluation Scales (F-COPES) (McCubbin, Olson, & Larsen, 1987).

Social support. Social support is the existence or availability of people on whom the person can rely, or the degree to which the family members support each other by giving love, affection, understanding, and caring (McCubbin, Peterson & Glynn, 1982). It can encompass intimate relationships, friendships, and less formal neighborhood or community contacts. This was measured using the Family Social Support Index (SSI) (McCubbin, et al, 1982).

Underlying Assumptions

This study was based on the following assumptions:

(a) parenthood constitutes a normal life event; (b) families are interdependent, and what affects one family member will affect all other members and the family unit as a whole; (c) change is a normal part of the family's life cycle; (d) support from within the family and from sources external to the family benefit the family; (e) strengths inherent to the family protect the family unit (McCubbin, Sussman, & Patterson, 1983); (f) childbearing military families could be deprived of support from extended family and other traditional sources.

Theoretical Framework

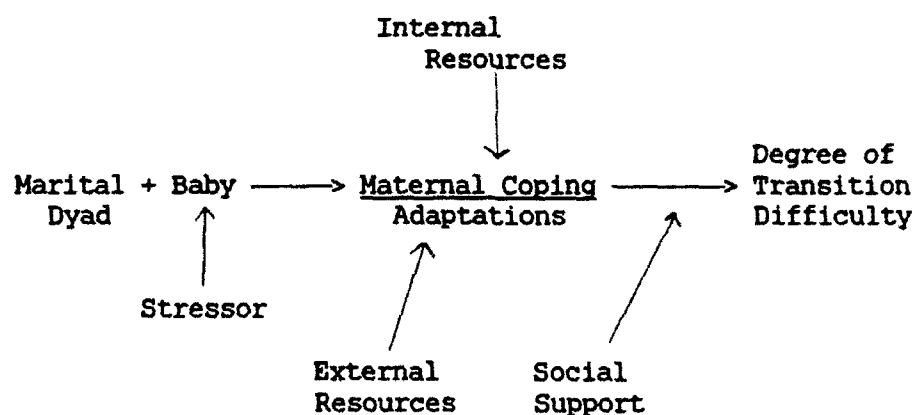
Family systems theory was the theoretical framework chosen for this study. A family system can be defined as a group of individuals interrelated so that a change in any one member affects other individuals and the group as a whole (Walsh, 1982).

Causality is circular in this model. The family as a whole is greater than the sum of its parts, and cannot be described by merely describing the characteristics of the individual members. Interactional patterns consist of the interlocking patterns of behavior of its members. Relationship rules function to maintain the system by prescribing members' behavior. Family rules operate as norms within a family, and behavior is measured based on these norms. All family members contribute to the balance of the family through complementary or reciprocal behavior. Flexibility is required for families to adapt to internal and external change (Walsh, 1982).

Transition to parenthood is a normative transition which requires major changes in role expectations and rules. The addition of a family member is a change for which old behavior patterns are inadequate. Preparation for parenthood through reading, classes, and babysitting can increase the prospective parent's feelings of self-confidence, but no amount of preparation can prepare the parent for the reality of 24-hour-a-day responsibilities brought with the birth of a child (Miller & Sollie 1980). The demands of new parenthood can often be overwhelming, resulting in some degree of personal and marital stress (Miller and Sollie (1980). The ability to redefine the family balance with the addition of a family member constitutes family adaptation (McCubbin & Patterson, 1983). The family may employ personal coping strategies, utilize the family system, or employ community resources and supports in order to bring about

the family adjustment (McCubbin & Thompson, 1987). Transition to parenthood utilizing a family systems approach is presented in Figure 1. The marital dyad, with the addition of an infant, experiences stress. Internal and external coping resources and available social support systems are utilized by the parents to adapt to the stress and find a new balance within the family. The effectiveness with which the family utilizes coping resources and social support determines the degree of transition difficulty which they experience.

Figure 1. Transition to Parenthood Utilizing a Family Systems Approach.



Significance of the Study

The transition to the role of parent from nonparent has received considerable research attention during the past three decades, Dyer (1963) and LeMasters (1957) having qualified the transition as a crisis for most first time parents. Hobbs (1965) did not find the transition qualified as a "crisis," but

acknowledged that the addition of a child to the dyadic relationship could be met with varying degrees of difficulty. Little has been written regarding the military childbearing family and the associated stresses of military life.

For the present study, women in the military system, 20 - 29 years of age and childbearing for the first time, were compared to women in the same age group who were civilians. The study should lead to better understanding of transition difficulties during the first few months of motherhood experienced by mothers in the military system. An awareness of the coping adaptations and social support systems utilized by the military mother will be valuable in developing innovative nursing care strategies and support systems for such women.

There have been major changes in women's employment and in health care delivery in the past decade. Mothers of newborns are discharged from the hospital no more than two days following delivery to homes with only their husbands to provide support. Information gained from this study can be utilized in developing family nursing care to promote development of the family during their transition to parenthood. Military and civilian health care providers and family service organizations can utilize this information to develop early discharge programs for follow-up care. Parenting classes and support groups can be developed to assist new parents as they adjust to their new lifestyle.

Study Design

This research was a comparative, quantitative study utilizing a convenience sample of new mothers from a military and a civilian population. A sample of 78 military women, 20 - 29 years of age, who had delivered their first child three months prior to data collection, were conveniently selected from the delivery log at a midwestern military medical facility. Questionnaires were mailed to these mothers, and a final sample size of 25 study participants was obtained.

A comparison group sample of 121 civilian women, 20 - 29 years of age, childbearing for the first time, with an estimated date of confinement three months prior to data collection were selected from childbirth education class listings on file at a midwestern civilian medical center. Questionnaires were mailed to these women, resulting in a final sample size of 29 respondents.

A questionnaire was utilized to measure the dependent variables of transition difficulty to motherhood, maternal coping adaptations, and social support. A questionnaire was sent to each participant along with a cover letter explaining the study. The mothers were invited to participate in the study and to complete and return the questionnaire in the enclosed self-addressed stamped envelope.

Limitations of the Study

Maternal coping strategies and social support were measured only once, three months following delivery. Two samples were used for the one-time measurement, a group of military mothers and a

group of civilian mothers. The populations were convenience samples, small in size, with generalizability to larger populations being limited. Only mothers were assessed during this study, and fathers' involvement and participation in infant care and household tasks were not addressed. The validity of self-reporting on the questionnaire may be considered a limitation due to the possibility of untruthfulness when parents assess the ease of their transition to parenthood (Miller & Sollie, 1980).

CHAPTER II

Literature Review

This quantitative comparative research survey was conducted to determine the effect of first-time childbearing on mothers. Two populations were compared, one consisting of military mothers; the other, civilian mothers. Little research has been conducted on military families during transition to parenthood. Does the unique lifestyle of the military have an impact on the degree of difficulty of transition, on maternal coping mechanisms employed, and on the types of social support utilized? This literature review will discuss transition difficulty, maternal coping mechanisms, and social support as presented in existing studies of civilian families. Thus, similarities or differences between civilian mothers and military mothers can be identified.

Military Family.

Family life in the military presents unique challenges and stresses. The military way of life is a mobile life. Eight hundred fifty thousand male personnel of all branches of the Armed Forces, married and with spouses present, made 325,000 moves between March 1985 and March 1986 (U.S. Department of Commerce, 1988). Ten to 13% of the military members in each service branch are female, and 40% or more are married to military men (Air Force Magazine, 1990). The military "community" is without geographical boundaries, and is intended to replace the home town and offer a sense of stability and continuity for the military family. Close

ties with extended family members is seldom possible, creating, out of necessity, a highly mobile, nuclear military family (Finlayson, 1976).

Military families have a strong tradition of pulling together during periods of stress. Families residing in military family housing (provided on the military installation) are more likely to experience community support on an informal basis than are families who (by choice or necessity) reside in a civilian community in proximity to the military installations (Montalvo, 1976). Montalvo's (1976) study of military families identified that a military "subculture" develops its own resources to support families who are coping with stress. Wertsch (1991), however, interviewing people who had grown up in military families, found a trend toward isolation and keeping problems within the family.

Spellman's (1976) literature review for his study on the military family's utilization of problem-solving resources cited one study on Navy children and behavioral problems (Gabower, 1960) and another on the marriage and family life of officers and airmen in a Strategic Air Command Wing (Lindquist, 1952). McCubbin, Dahl, and Hunter (1976) did not specifically address the childbearing family in their compilation of research on families in the military system. McCubbin & McCubbin (1987) compiled a series of research instruments to facilitate research on the study of military family systems; their transitions, adjustments and adaptations; and the impact on family members. A stressor is defined as a life event or transition, to include a death,

purchase of a home, or parenthood, which impacts upon the family unit and has the potential to change the family social system. One thousand families in the U.S. Army, stationed in Western Europe were surveyed, and comparative data were presented in the form of summary tables to be used as references for the military researcher or counselor (McCubbin & Thompson, 1991).

Transition to Parenthood.

With the birth of a first baby, the family structure changes from the marital dyad to a triad, with a resultant disruption in roles and family functioning. Lemasters (1957) and Dyer (1963) first described the birth of a first child as a crisis. Further research determined the birth of a child to be a normative transition accompanied by varying degrees of stress (Hobbs, 1968; Jacoby, 1969, Twiss & Meredith, 1991). Behavioral changes during the transition to new parenthood are extensive, but most new parents report being only slightly bothered by these changes (Miller and Sollie, 1980).

Realistic training programs for parenting skills during the anticipatory stage of pregnancy are virtually nonexistent. Prospective parents tend to utilize child-care literature, consult with friends and parents, and discuss concerns with one another (Majewski, 1987).

Belsky, Lang, and Huston (1986) identified physical demands associated with infant care, strain on marital relationships, the emotional toll of being responsible for an infant, and personal

confinement as problems related to the adjustment to parenthood. The addition of a child to the family changes that family forever.

Mercer and Ferketich (1990) found that whether the pregnancy was high- or low-risk, all families experienced some changes in functioning during the transition to parenthood. Mothers in traditional roles experienced stresses related to increased workload with infant care and even more housekeeping duties (Belsky, et. al., 1986). Ventura (1987) found women to be experiencing a sense of obligation, recurrent guilt, and anger and resentment over their traditional roles as mother and wife. Twiss and Meredith (1991), in a comparison study of younger and older mothers, found significant differences in which events caused most transition difficulty between the two groups at six months post birth. While younger women identified difficulties with infant care responsibilities, older women tended to identify items related to confinement. Those women who reported difficulty with parenting experienced a decrease in marital satisfaction during the postpartum period. In another study, employed women who placed high importance on their careers experienced greater difficulty with adjustment to parenthood (Gjerdingen, Froberg, & Fontaine 1990).

Infant behavior and the mother's perception of her infant related directly to the ease of the mother's role transition (Roberts, 1983). Infant temperament during the first year contributes to changes in marriages -- improvement or deterioration -- at least as perceived by wives (Belsky & Rovine,

1990). Infant's fussy behavior was stressful to both mothers and fathers, but fathers reported less discomfort with this situation (Ventura, 1987).

Jacoby (1969) reported a positive relationship between social class and difficulties adjusting to the addition of a child. Hobbs (1965), on the other hand, found that fathers with higher incomes experienced a lower degree of crisis than those with less money. Older parents with higher socioeconomic status were not as likely to seek out social support to cope with family issues resulting from the birth of a new baby (Ventura, 1982).

Steffensmeier (1982) reported mothers with higher education experienced a higher level of transition difficulty with the responsibilities of parenting and activity restrictions than did those with less education. Fathers with higher education, however, experienced lower transition difficulty.

Maternal Coping Adaptation.

Family adaptation and adjustments occur by utilizing both internal coping resources such as problem-solving techniques, and external coping resources such as social support systems or community resources (McCubbin and Patterson, 1983). Folkman, Schaefer, & Lazarus (1979) include social support, health, energy and morale, general and specific beliefs, utilitarian resources, and problem-solving styles among the coping resources utilized during the transition to parenthood. Women who are to become mothers for the first time tend to seek out relationships with

other young mothers. Rubin (1967) identified this process as role play. Being able to cope with the new situations of parenthood is important to family functioning.

Only a few studies have specifically addressed the use of coping strategies during the transition to parenthood. Coping strategies found to be most helpful were maintaining the stability of the family, husband-wife trust, doing things with the baby, and investing in the baby (Ventura, 1982; 1986; Ventura and Boss, 1983). Least helpful strategies were crying, watching television, reliving the past, wishing the baby had not been born, shopping with friends, and believing that life would be better without the baby. Ventura (1987) looked at stresses of new parenthood by examining the situations that troubled new parents and asking them to describe how they dealt with those situations. From the parents' accounts of stressful situations emerged four categories: (a) demands of multiple roles, that of parent, spouse, and employee; (b) the demands of infant care; (c) changes in the interactive patterns with the spouse; and (d) interactions with other family members. Lack of support from the spouse resulted in responses ranging from anger to escaping the situation. Mothers used more coping behaviors than fathers, finding social support, self-development, and utilizing religion to be most helpful (Ventura, 1982).

When comparing older to younger mothers, Twiss and Meredith (1991) found that older mothers used more internal coping resources, but both groups increased their use of internal

resources over time. Mothers who utilized more internal family resources of coping reported less difficulty making the transition to parenthood. Older mothers tended to use more neighbors, friends, and community resources than did younger mothers. Twiss and Meredith's (1991) populations found the extended family neither helpful nor unhelpful.

First-time parents reported that they needed to learn organization, flexibility and patience in order to handle the change of their life from orderly to unpredictable one (Miller & Sollie, 1980). Other coping strategies included husband-wife renegotiation of roles, and looking to the future (Miller & Sollie, 1980).

Crnic, Greenberg, Robinson, and Ragozin (1984) reported social network and support systems as the most effective moderators of stress. Parenthood continues to be a stressful experience, and new parents experienced more stress with work and parenting roles (Ventura, 1987).

Social Support

Folkman, Schaefer, & Lazarus (1979) described the seeking of social support as a coping resource during life events which cause stress in individuals. A social support framework theoretically indicates that the individual is loved, valued, and cared for, and is a member of a network of mutual obligation. Belsky and Rovine (1984) found that new parents increase their contact with their extended family following the addition of a child. The family

also tends to seek out adults who are the parents of young children during this stage of family development.

Medical doctors were most frequently sought for problems medical and nonmedical, during the first year of parenthood (McKim, 1987). Second most consulted were friends, neighbors, and babysitters (Ventura & Boss, 1983). Relatives, other than the new mother's parents, played a relatively minor role, and although nurses were approached during the first three months for help-seeking attempts, the role of health care professionals other than family physicians was negligible (McKim, 1987). Reading materials, i.e., articles, magazines, or books, were most relied upon during the first three months after the birth (McKim, 1987).

Cronenwett's (1985) study of primiparous couples predicted a change in the content and structure of social relationships following the birth of their first child. More women than men were inclined to perceive a need for support in the postpartum period, but there were no differences found in levels of satisfaction with the amount of social support available. The size of the social support networks decreased overall, and constitution of the social support groups changed, with higher percentages of members with preschool children and more members offering emotional support. The husbands' boundary density with their wives' social support network also increased. Women decreased the frequency of contact with their coworkers, and increased contact with friends, particularly with friends who had preschool children.

Belsky and Rovine (1984) also found an increase in contacts with other parents of young children during transition to parenthood. Unmarried and poor mothers had less social support and higher degrees of stress. (Crnic et al., 1982). Ventura (1987) found parents of higher socioeconomic status were less likely to seek out social support systems to deal with the stresses of new parenthood.

Crnic et al. (1984) described social support as encompassing intimate relationships, friendships, and resources within the neighborhood or community. In studies of mothers with young children, social support is thought to provide a buffer against stress and to affect maternal functioning (Crnic et al. 1984).

The spouse was overwhelmingly perceived to be the most supportive person for first time mothers in studies by Majewski (1987) and Crnic et al. (1984). However, Majewski (1987) found that spouses were more apt to provide physical rather than emotional support, possibly due to their own emotional needs as new parents not being met. Interestingly, postpartum support groups were found to be slightly more supportive than extended families. Those persons who identified nonimmediate family members as their primary support experienced higher levels of transition difficulty than those who identified their spouses as their primary support (Majewski, 1987).

Stress during transition to parenthood was found to be reduced in parents who received support from others (Dormire, Strauss, & Clark, (1988). In the Dormire et al. (1988) study on

adolescent mothers, the mother's stage of emotional development contributed to the lack of social resources and the social maturity to cultivate reciprocal relationships with their infants.

In a study of changes in women's physical and mental health over the first postpartum year, influential factors were found to be the length of maternity leave, social support, complications of childbirth, tobacco and alcohol use, and demographics (Gjerdingen, et al., 1990). This study found that stresses associated with birth were modified by emotional support, classes in parenting, and social support provided by partners, friends, and relatives.

Adult children tend to live at greater distances from their parents in our mobile society. Contact with parents and other family members tends to increase during the pregnancy and after the birth of a first child. No differences were found in contact between new parents with extended family nearby and those with extended family at a distance (Belsky & Rovine, 1984). Cronenwett (1985) found that relationships with the mother's parents were more positive after the baby than those with the father's parents. New mothers reported increased levels of support from their mothers, and distance from maternal grandparents did not affect the support received. Wives were found to do more to maintain relationships with relatives, and proximity was more important in maintaining ties with paternal grandparents.

Conclusion

It is apparent that the literature does not specifically address the childbearing military family during transition to

parenthood. If military mothers have been included in prior research, they have not been treated as an individual sample group.

There have been numerous studies on transition difficulty, but results have, at times, been contradictory. Further study is needed to accurately measure transition difficulty. The degree of transition difficulty experienced by families in the military community is yet to be addressed.

Fewer studies are available on maternal coping adaptations. Identifying coping mechanisms which contribute to successful transition can contribute to interventions to assist families experiencing transition difficulty.

Social support during pregnancy and in the postpartum period has been studied extensively and is well documented in the research. The unique military lifestyle may require families in the system to acquire support from less traditional sources.

The majority of the studies of transition to parenthood encompass the immediate postpartum period, from one to three months following the birth. This research study allowed for comparison of the military and the civilian populations of young (20- to 29-year old) mothers, childbearing for the first time. A descriptive study of this type is needed to help us to understand the military mother and her experiences during transition to motherhood.

CHAPTER III

Methodology

Transition difficulty to parenthood, maternal coping adaptation, and social support experienced at three months postbirth for first-time mothers in a civilian community were compared to the same issues for mothers in a military population. The dependent variables were transition difficulty to parenthood, maternal coping adaptations, and social support. A comparative, quantitative survey research design was used.

Selection of Subjects

The civilian sample was conveniently selected from first-time civilian childbearing married women registered for childbirth classes at a midwestern metropolitan private hospital. One hundred twenty-one questionnaires were mailed, and 59 were returned; a return rate of 49%. After eliminating those mothers who were unmarried, had more than one child, or had experienced complications, a final sample size of 29 mothers was obtained.

The military population was selected from delivery logs at a midwestern military inpatient treatment facility. Seventy-eight questionnaires were sent, and 38 were returned, for a 49% return rate. Twenty-five of those respondents were eligible for inclusion in the study, resulting in a final sample size of 25 military mothers.

The birth rate for the military facility placed constraints on obtaining a randomized sample within the available timeframe. The facility has an average monthly birth rate of 60-70 births,

approximately one-third of those to primiparous mothers. The civilian facility has an average monthly birth rate of 225. Data collection was over a three-month period to ensure an adequate sample of the military population was obtained.

Criteria used to select the sample included: (a) subjects for both populations were between the ages of 20 and 29, (b) were able to read and comprehend English, (c) were three months postbirth, (d) had experienced no major prenatal, labor, delivery, or postpartum complications following full term singleton vaginal delivery, (e) had delivered a normal full term infant, and (f) were married at the time of the birth. Mothers of infants with perinatal complications or congenital anomalies were not included in the study.

Information obtained from the childbirth education class registrations were the subject's name, address, and expected date of confinement. Registration lists were obtained from past classes to obtain a population who were surveyed at three months postbirth. Since the childbirth class registrations did not reveal information regarding maternal age and the health of the mother and infant, a larger civilian sample was solicited.

The military sample was obtained from the delivery log at the military hospital. Information obtained from the delivery log were the mother's name, age, gravida and para, delivery date, pregnancy and neonatal complications, and hospital number. Inpatient clinical records were accessed to obtain the subject's home address. A final sample of 30 women in each group was

desired. Twiss & Meredith (1991) achieved a 58% survey return rate in a cross-sectional study.

Procedures for the Study

Permission to conduct this study was obtained from the Institutional Review Board for Protection of Human Subjects at the University of Nebraska, from the midwestern private hospital Institutional Review Board, from the military inpatient medical facility, from the U.S. Air Force Military Personnel Center and from the Air Force Institute of Technology (See Appendix A). There were no known risks to the participants. Confidentiality was assured through assignment of a code number to each subject, differentiating membership in the civilian and military groups. A cover letter explaining the study and the questionnaire was mailed to each participant in a sealed envelope (See Appendix B). Only the researcher had access to the names and addresses of the subjects. The subject's name appeared only on the envelope. Informed consent was implied by the subject's willingness to complete the questionnaire and return it in the provided self-addressed, stamped envelope. The military cover letter to subjects contained a privacy act statement in accordance with Air Force Regulation 12-35 (See Appendix B).

Instructions were provided for each section of the questionnaire. Approximately 30 to 45 minutes was required to complete the survey. A follow-up postcard was sent after two weeks to those individuals who had not returned their questionnaires.

Instruments

The Transition to Motherhood Questionnaire

The Transition to Motherhood Questionnaire consisted of four tools used in this study. Each tool is described separately.

The Motherhood Demographic Questionnaire. The Motherhood Demographic Questionnaire was designed to collect demographic data specific to the military and civilian populations. Questions elicited the subject's age, duration of marriage, ethnicity, level of education, family income range, occupation, and current employment status. Husband's occupation was included for both samples. The civilian questionnaire consisted of 19 items. Military subjects were asked the rank of the military member (husband, wife, or both), whether they occupied military or civilian housing, and the duration of their military association, for a total of 23 items (See Appendix C).

The Modified Transition Difficulty Scale. The Modified Transition Difficulty Scale (Steffensmeier, 1982; Twiss, 1989) is a 37 item scale with four dimensions: (a) Parental Responsibilities and Restrictions (PRR); (b) Parental Gratification (PG); (c) Marital Intimacy and Stability (MIS); and (d) Personal Commitment (PC). This scale measured the degree of transition difficulty experienced by the new mothers in this study (See Appendix C). Steffensmeier (1982) described the original three dimensions, PRR, PG, and MIS, as internally consistent, reliable, and only slightly related to one another.

The PRR dimension consists of 13 items focusing on the changes that have occurred in the daily life and leisure of the mother following the birth of her infant. Being interrupted by the baby, feeling tired, changes in socialization patterns with friends, infant behavior, and concerns of parenting are addressed.

The PG dimension considers the positive rewards of parenthood and consists of word association items such as "happy to miserable." Parenthood's positive rewards include feelings of closeness to the spouse since the birth, feelings of fulfillment, and an added purpose for living. The PG dimension consists of 12 items modified by Twiss (1989) to include additional word association items.

The MIS dimension includes seven items concerned with marital intimacy and the changes caused by the addition of a baby to the family. Worries related to finding time to spend with the mate, being able to communicate with the mate, and changes in the sexual relationship are considered.

The Personal Commitment (PC) dimension addresses concerns in personal and employment situations that a new mother may experience. Items include worries related to providing adequate infant care as a working mother and loss of role identity.

The Modified Transition Difficulty Scale addresses four categories; worries, enjoyments, problem areas, changes and feelings. A 5-point Likert Scale is used to rate the degree of impact the various items have, ranging from a great deal to none at all. The third section used two 5-point Likert scales. One

scale rated the degree of change, and the second assessed the respondent's feelings about the change. The fifth section included a rating of five word association items on a 5-point scale, with words at opposite ends of the scale, for example, "important to insignificant". Scoring was obtained by summing the items, with reverse scoring for the items measuring enjoyment. In each dimension a higher score indicated a greater degree of transition difficulty to parenthood.

Reliability was established for the Modified Transition Difficulty Scale by Twiss (1989) with a 0.90 Cronbach alpha coefficient. A Cronbach alpha coefficient of 0.80 was obtained for this study. Twiss (1989) established Cronbach alpha coefficients for Parental Responsibilities and Restrictions Subscale (0.78 compared to 0.90 for this study), the Parental Gratifications subscale (0.79 compared to 0.82 for this study). The Marital Intimacy Subscale alpha was 0.80 for both Twiss (1989) and this study. The Personal Commitment Subscale alpha was 0.59 (Twiss, 1989) compared to 0.81 for this study. An interrelationship among the subscales is indicated by significant positive correlations among all subscales, ranging from .35 to .65 ($p < 0.001$) for Twiss and Meredith (1991) and from .55 to .89 ($p < 0.0001$) for this study. Steffensmeier (1982) established acceptable construct validity for the three original subscales using a factor analysis.

Family Crisis Oriented Personal Evaluation Scales. The Family Crisis Oriented Personal Evaluation Scales (F-COPES)

(McCubbin, Olson, & Larsen, 1987) were used to identify problem-solving and behavioral strategies used by the mother during her transition to parenthood, measuring the dependent variable of maternal coping adaptation (See Appendix C). This tool identified internal and external resources used as family coping patterns. The internal family coping patterns explained how family members utilized resources within the nuclear system to deal with difficulties. This tool has established acceptable reliability and validity (McCubbin et al., 1987). The internal family coping patterns consist of Confidence in Problem Solving, which has a previously established 0.70 Cronbach alpha reliability (McCubbin, Olson, & Larsen, 1987); Reframing Family Problems (0.64); and Family Passivity (0.66). For this study, with an $n = 54$, Cronbach alphas of 0.80, 0.80, and 0.81 respectively were found for the subscales. A Cronbach alpha of 0.76 was originally established for the total Internal Family Resource Scale, and was found to be 0.80 for this study.

External family coping patterns are behaviors utilized by the family to acquire resources outside the nuclear system. These five scales with established Cronbach alpha reliabilities are: (a) Church/Religious Resources (0.87 compared to 0.79 for this study); (b) Extended Family (0.86 compared to 0.80); (c) Friends, a social support scale (0.74 compared to 0.79); (d) Neighbors, a support scale (0.79 compared to 0.80); and (e) Community Resources scale (0.77 compared to 0.79). The external family resource alpha reliability is 0.77, and was found to be 0.81 for this study.

The tool consisted of 30 items rated on a 5-point Likert-type scale indicating the extent of agreement or disagreement. The items were scored by summing the circled numbers, reverse scoring five items to facilitate interpretation of all items in the same positive direction. Higher scores indicated a higher degree of maternal coping adaptation, in that more coping behaviors utilized by the mothers should indicate an increased ability to adapt to stressful events. (McCubbin, Olson, & Larsen, 1987).

Social Support Index. The Social Support Index (McCubbin, Patterson, & Glynn, 1982) is a 17-item inventory included in both the Family Index of Regenerativity and Adaptation (FIRA) and the Family Index of Regenerativity and Adaptation - Military (FIRA-M) (See Appendix C). The inventory has an established Cronbach alpha of 0.82, and a Cronbach alpha of 0.80 was found for this study. This tool was designed to measure the support provided by the family to its members through caring, giving of love, listening and understanding, and providing a general sense of belonging. The tool has a 5-point Likert-type scale on which the respondent indicates the degree to which she agrees or disagrees with each of the 17 statements. This tool has established acceptable reliability and validity (McCubbin et al., 1987).

Data Analysis

Data were analyzed using the SAS computer program. Data analysis began by scoring the four instruments and coding demographic information. Chi-square was used to determine differences in demographic data between the two groups.

Hollingshead (1975) Four Factor Index of Social Status was used to determine socioeconomic status. Educational level was analyzed using Chi-square to compare the groups. Mean scores of The Modified Transition Difficulty Scales and the subscales were obtained, and a t-test was utilized to determine differences between the two groups. The internal resource scores and external resource scores from the Family Crisis Oriented Personal Evaluation Scales (F-COPES) were also evaluated using descriptive statistics and t-tests. Pearson correlations were used to describe relationships between maternal coping and transition difficulty, and between social support and transition difficulty. A .05 alpha level of significance was used to test the hypotheses. A Cronbach alpha reliability was determined for the four dimensions on the Modified Transition Difficulty Scale, the Family Crisis Oriented Personal Evaluation Scales, and the Social Support Inventory.

CHAPTER IV

PRESENTATION OF THE DATA

The purpose of this comparative study was to determine if first time civilian mothers 20 - 29 years of age and first time military mothers 20 - 29 years of age differed in transition difficulty, maternal coping adaptations, and social support utilization at three months postbirth. The population for this study was a convenience sample of first-time military and civilian mothers who were three months postbirth at the time of data collection. The data collected in three survey mailings involving the 54 subjects are presented and discussed.

Characteristics of the Sample

The sample consisted of 25 military and 29 civilian mothers who met the inclusion criteria. All of the mothers were married and had experienced uncomplicated vaginal deliveries of healthy infants. The mean age of the civilian mothers was 26.14 years, SD = 2.26, while the mean age for the military mothers was 24.56 years, SD = 2.42. The military mothers had been married from less than 1 year to 7 years with a mean of 3.00 years, SD = 1.76. The civilian mothers also had been married from less than 1 year to 7 years with a mean of 3.00, SD = 1.33. Of the 25 military mothers, 20 were Caucasian, 2 were Black, 1 Hispanic, and one Oriental. The entire civilian group of mothers were Caucasian.

Table 1 presents the distribution of educational level for the military and civilian mothers. More mothers in the civilian group were college graduates, 51.7%, compared to 20% of the

military group. Four mothers in each group had completed some graduate study. Only one mother (in the civilian group) had not completed high school, and none of the mothers in either group had completed advanced degrees.

Table 1

Military and Civilian Mothers' Level of Education

Level of Education	Military Mothers (n=25)		Civilian Mothers (n=29)	
	Frequency	Percent	Frequency	Percent
Twelve years or less			1	3.4
High School Diploma	4	16	3	10.3
Some College	11	44	5	17.2
Associate Degree	1	4	1	3.4
Bachelor's Degree	5	20	15	51.7
Some Graduate Study	4	16	4	13.8

Table 2 presents the educational distribution for the spouses of the military and civilian populations of mothers. All of the military spouses had attained a high school diploma, with the greatest number having attended some college (52%). The largest group of civilian spouses reported having some college (31%) or a bachelor's degree (31%). Twelve percent of the military spouses had some graduate study or a master's degree, with 20.6% of the civilian spouses reporting the same. One spouse in each population had attained a doctorate degree. Using Chi-square, there were no significant differences between the two groups on education.

Table 2

Military and Civilian Spouses' Level of Education

Level of Education	Military Spouse (n=25)		Civilian Spouse (n=29)	
	Frequency	Percent	Frequency	Percent
Twelve or less	-	-	1	3.4
High School Diploma	3	12.0	1	3.4
Some College	13	52.0	9	31.0
Associate Degree	1	4.0	2	6.9
Bachelors Degree	4	16.0	9	31.0
Some Graduate Study	2	8.0	5	17.2
Masters Degree	1	4.0	1	3.4
Doctorate Degree	1	4.0	1	3.4

With regard to family income, the largest group (36%) of military mothers fell into the \$30,001-\$40,000 range, while the largest group (27.6%) of civilian mothers had total family incomes of \$40,001-\$50,000. No military mothers had a total family income of over \$60,000 but in the civilian population four mothers (13.7%) had incomes of over \$60,000. One civilian mother reported a total family income of \$10,000 - \$20,000. Using Chi-square, significant differences were found between the military mothers and the civilian mothers on total family income $\chi^2(6, N = 54) = 22.00, p = 0.001$. The family income data for military and civilian mothers is presented in Table 3.

Table 3

Military and Civilian Mothers' Total Family Income

Family Income** (n=29)	<u>Military Mother (n=25)</u>		<u>Civilian Mother</u>	
	Frequency	Percent	Frequency	Percent
\$10,000 - \$20,000	-	-	1	3.4
\$20,001 - \$30,000	7	28	3	10.3
\$30,001 - \$40,000	9	36	6	20.7
\$40,001 - \$50,000	7	28	8	27.6
\$50,000 - \$60,000	2	8	7	24.1
\$60,001 - \$70,000	-	-	1	3.4
Over \$70,000	-	-	3	10.3

**p<.005

The occupations for the mother and the spouse for both groups were categorized using Hollingshead's (1975) Four Factor Index of Social Status. The nine categories are listed in Appendix D. The largest group of spouses (40%) of the military mothers were semiskilled workers while (41.4%) of the spouses of civilian mothers fell into the semiprofessional category. The distribution of occupations for spouses of military and civilian mothers is presented in Table 4. Twenty percent of the husbands of the military mothers were employed in occupations which fell into the clerical/sales category or above, compared to 82.7% of the husbands of the civilian mothers. Twenty-two of the 25 spouses in the military population were active duty military. Two of the military mothers reported the occupation of their spouses as "house husband."

Table 4

Spouses' Occupation as Reported by Military and Civilian Mothers

Spouse's Occupation	Military Mother (n=25)		Civilian Mother (n=29)	
	Frequency	Percent	Frequency	Percent
Lesser Professional	5	20.0	3	10.3
Minor Professional	-	-	8	27.6
Semiprofessional	-	-	12	41.4
Clerical/Sales	-	-	-	-
Skilled Worker	7	28.0	1	3.4
Semiskilled Worker	10	40.0	3	10.3
Unskilled Worker	-	-	2	6.9
Menial Worker	1	4.0	-	-
Unemployed or	2	8.0	-	-
No Response				

The largest cluster of civilian mothers (27.6%) were employed in minor professional professions, a category which includes teachers, small business owners, farm owners, managers, and other minor professionals (Table 5). The military mothers reported 24% each in the semiskilled worker and minor professional categories. Five of the civilian mothers (17.2%) reported being unemployed compared to six (24%) of the military mothers. Nine of the military mothers were on active duty. For six of the 25 military couples, both the mother and her spouse were active duty military personnel. Significant differences were found using Chi-square to compare maternal occupations with the military and the civilian populations of mothers $\chi^2(8, N = 54) = 15.65, p = 0.048$.

Table 5

Military and Civilian Mothers' Occupations

Mother's Occupation*	Military Mother (n=25)		Civilian Mother (n=29)	
	Frequency	Percent	Frequency	Percent
Major Professional	-	-	1	3.4
Lesser Professional	4	16.0	7	24.1
Minor Professional	6	24.0	8	27.6
Semiprofessional	-	-	3	10.3
Clerical/Sales	1	4.0	5	17.2
Skilled Worker	1	4.0	-	-
Semiskilled Worker	6	24.0	-	-
Unskilled Worker	1	4.0	-	-
Menial Worker	-	-	-	-
Unemployed	6	24.0	5	17.2

* $p < .05$

Social class was measured by the Hollingshead Four Factor Index of Social Status (1975). Measures of occupation and educational level of the mother and her spouse were used to determine the social strata. Social strata are defined as follows: Class 1 (unskilled laborers, menial service workers); Class 2 (machine operators, semiskilled workers); Class 3 (skilled craftsmen, clerical, sales workers); Class 4 (medium business, minor professional, technical); and Class 5 (major business and professional).

Table 6

Social Class of Military and Civilian Mothers

Social Class**	Military Mothers (n=25)		Civilian Mothers (n=29)	
	Frequency	Percent	Frequency	Percent
Class 1	4	16.0	-	-
Class 2	11	44.0	1	3.4
Class 3	1	4.0	3	10.3
Class 4	3	12.0	14	48.3
Class 5	6	24.0	11	37.9

**p<.005

The majority of the military population fell into the lower social classes using Hollingshead's Four Factor Index of Social Status (1975). The majority of the civilian population fell into the two higher social classes (Table 6). Using Chi-square, significant differences were found between the military and civilian mothers for social class $\chi^2(4, N = 54) = 15.75, p = 0.003$.

Fifty-two percent of the military mothers and 89.7% of the civilian mothers were employed full-time prior to the birth of the baby. Following the birth of the baby, the military population remained stable, with 52% returning to work full time, compared to only 51.7% of the civilian mothers returning to full time employment. Three of the military mothers reported being unemployed prior to the birth of the baby, while the civilian mothers all reported being employed at least 10-19 hours per week. Eight of the military mothers (32%) reported being unemployed

following the birth of the baby. Seven of the civilian mothers (24.1%) reported being unemployed following the infant's birth, with one having not yet returned to work. Table 7 presents the distribution of working and nonworking military and civilian mothers prior to and following the baby's birth. Using Chi-square, no significant differences were found between the two populations of mothers.

Table 7

Military and Civilian Mothers' Employment Before and After Baby's Birth

Employment Status	Military Mother (n=25)				Civilian Mother (n=29)			
	<u>Before</u>		<u>After</u>		<u>Before</u>		<u>After</u>	
	Freq	%	Freq	%	Freq	%	Freq	%
Fulltime	13	52.0	13	52.0	26	89.7	15	51.7
30-39 hours	3	12.0	-	-	2	6.9	1	3.4
20-29 hours	5	20.0	2	8.0	-	-	3	10.3
10-19 hours	1	4.0	1	4.0	1	3.4	2	6.9
Not Employed	3	12.0	8	32.0	-	-	7	24.1
On Leave							1	3.4

Fourteen of the military mothers (56%) had male infants while 11 (44%) had female infants. Seventeen of the civilian mothers (58.6%) had male infants and 11 (37.9%) had female infants, with one mother (3.4%) not reporting the sex of her infant. Mothers who experienced complications of labor or delivery were eliminated from the study, as were those whose infants experienced difficulties following delivery. A profile of the military mothers and the civilian mothers is presented in

Table 8. The profile is based on the mean and mode distribution for each of the variables. For the variable of Mother's Occupation in the military sample, there was an equal distribution

Table 8

Profile of the Military Mother and the Civilian Mother

<u>Variable</u>	<u>Military Mother (n=25)</u>	<u>Civilian Mother (n=29)</u>
Age	24.56	26.13
Years Married	3.00	3.00
Ethnic Group	Caucasian	Caucasian
Income	\$20,001-\$30,000	\$40,001-\$50,000
Education	Some College	Bachelor's Degree
Spouse Occup	Semiskilled Worker	Semiprofessional
Mother Occup	Semiskilled Worker/ Minor Professional/ Unemployed	Semiprofessional
Socioeconomic Status	Class 2 (Semiskilled Workers)	Class 4 (Minor Professional)
Employ/Before	Full-time	Full-time
Employ/After	Full-time	Full-time
Sex of Infant	Male	Male

for three descriptors. There was a slight difference between the two groups, which was expected. However, the sample is reasonably homogeneous for age, years married, ethnicity, and education, which is desired for this comparative study. Factors related to reporting of military pay compensation and benefits may affect the significance of the differences for total family income and socioeconomic status and are discussed in Chapter 5.

Transition Difficulty

With the modified Transition Difficulty Scale (Steffensmeier, 1982; Twiss, 1989), scores for military mothers ranged from a low of 68 to a high of 158, and for civilian mothers from a low of 82 to a high of 168. The highest possible score was 250. Table 9 displays the mean transition scores for each of the two groups of mothers. A score ranging from 180 to 250 would indicate a high level of transition difficulty, 110 to 179, moderate transition difficulty, and 50 to 109 a low level of transition difficulty. Both populations have mean scores within the moderate range for transition difficulty.

Table 9

Transition Difficulty for Military Mothers Compared to Civilian Mothers

	<u>M</u>	<u>SD</u>	<u>t</u>
Military Mothers (n=25)	119.60	23.45	
Civilian Mothers (n=29)	122.79	23.12	0.9357

* $p < 0.05$

When the four subscales for the Modified Transition Difficulty Scale (Steffensmeier, 1982; Twiss, 1989) were evaluated, the mean scores were slightly higher for the civilian sample on Personal Commitment (PC) (14.89 compared to 13.52), Parental Gratification (PG) (32.72 compared to 32.68), and Marital Intimacy and Stability (MIS) (25.31 compared to 23.56). The military sample scored slightly higher on the subscale Parental

Responsibilities and Restrictions (PRR) (49.84 compared to 48.86). Using t -tests, no significant differences were found between the military mothers and the civilian mothers on the degree of transition difficulty at three months postbirth. Scores for the subscales are presented in Table 10. The hypothesis that there would be a significant difference in transition difficulty experienced by military mothers when compared to civilian mothers was not supported.

Table 10

T-tests for Modified Transition Difficulty Subscale Scores for Military and Civilian Mothers

Subscale	Military Mothers n=25		Civilian Mothers n=29		t
	<u>M</u>	SD	<u>M</u>	SD	
PC	13.52	4.13	14.89	4.35	-0.5021
MIS	23.56	6.92	25.31	8.25	-1.1904
PG	32.68	7.96	32.72	7.91	-0.8476
PRR	49.84	9.55	48.86	8.08	0.4025

* $p < 0.05$

Maternal Coping Adaptation

Two scores for Maternal Adaptation were obtained from the Family Crisis Oriented Personal Evaluation Scales (F-COPES) (McCubbin, Olson & Larsen, 1981), an internal resource score (FR) and an external resource score (SCR). Military mothers utilized more internal resources than civilian mothers at three months postbirth. Family resource coping pattern scores ranged from 38 to 60 for the military mother, with a mean of 48.24 out of a

possible high of 60. Civilian mothers ranged from a low score of 37 to a high of 56 with a mean score of 46.62. Using t -tests, there were no significant differences between the two groups of mothers for total internal resource scores (See Table 11). The hypothesis that there would be a difference in maternal coping adaptations utilized was not supported for internal coping patterns.

The Internal Family Resource (FR) scale consists of three subscales, (a) Confidence in Problem Solving (FPS), (b) Reframing Family Problems (RFR), and (c) Family Passivity (FP). There was a trend for a difference in confidence in problem solving between the two groups of mothers, (16.72 compared to 15.55, $t = 1.99$, $p = 0.0526$). Military mothers used a higher degree of problem solving mechanisms than did the civilian mothers, and also more reframing problem mechanisms (15.24 compared to 14.89) at three months postbirth (Table 11).

Table 11

T-tests for Total Internal Family Resources and Subscales for Military and Civilian Mothers

Scale	Military Mothers n = 25		Civilian Mothers n = 29		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t</u>
FPS	16.72	2.48	15.55	1.68	1.9960 [^]
RFR	15.24	2.85	14.89	1.68	0.6020
FP	16.28	2.85	16.17	3.14	0.1310
FR	48.24	5.87	46.62	4.83	1.1109

[^] = Trend, $p = < 0.1$

Civilian mothers tended to use more external coping resources than did the military mothers when surveyed at three months postbirth. The mean score for military mothers was 54.92 (minimum 37 to maximum 78), while the civilian sample scored a mean of 58.31 (minimum 35 to maximum 73). The possible high was 90 for the external coping resource scales. Using t-tests, the differences between the groups for the total score and the subscales were not significant for external coping resource use (See Table 12). The mean score for Extended Family (EF) was 14.28 for military mothers and 14.06 for civilian mothers out of a possible total score of 20. A mean of 12 would indicate that the mothers found their extended family neither helpful nor unhelpful during the transition to motherhood. A mean of 16 would indicate that the mothers found their extended family helpful.

Five subscales make up the external family coping patterns (SCR). (a) Church/Religious Resources (CRR) (b) Extended Family (EF), (c) Friends (FR), (d) Neighbors (NBRS), and (e) Community Resources (CR). The civilian group of mothers scored higher on each of the subscales except for Extended Family, where the military mothers' mean score was higher by only .22. There were no significant differences or trends using t-tests on any of the external family coping patterns subscales. Scores for the External Resource scales and subscales are presented in Table 12. The hypothesis that there would be a significant difference between maternal coping adaptations utilized by military and civilian mothers was not supported for external coping mechanisms.

Table 12

T-tests for External Family Resource Scales and Subscales for
Military and Civilian Mothers

Scale	Military Mothers n = 25		Civilian Mothers n = 29		
	<u>M</u>	SD	<u>M</u>	SD	<u>t</u>
CRR	12.36	3.47	13.44	3.41	-1.1577
EF	14.28	3.61	14.06	3.18	0.2282
FNDS	13.40	2.85	14.03	2.63	-0.8479
NERS	6.76	2.68	7.89	2.65	-1.5628
CR	8.12	2.78	8.86	2.42	-1.0479
SCR	54.92	11.07	58.31	10.25	-1.1676

Social Support

The Social Support Index (SSI) (McCubbin, Patterson & Glynn, 1982) was utilized to measure social support for each of the two groups. The military mothers had a mean SSI score of 38.04, SD 3.98, and the civilian mothers scored a mean of 38.86, SD 5.51. Using t-tests, there were no significant differences between the military and civilian mothers on social support (Table 13).

A social support index score of 59 to 85 would indicate a high level of social support, 32 to 58 a moderate level, and 17 to 31 a low level of social support. Both populations scored in the lower moderate range of the Social Support Index. The hypothesis that there would be a significant difference in the support systems utilized by military mothers as compared to civilian mothers was not supported.

Table 13

T-tests Comparing Social Support Index Scores for Military and Civilian Mothers

	<u>M</u>	<u>SD</u>	<u>t</u>
Military Mothers (n = 25)	38.04	3.98	
			-0.6187
Civilian Mothers (n = 29)	38.86	5.51	

Correlation Studies with Maternal Role Adaptation

Transition difficulty. Pearson Product Moment Correlations were used to determine if there were relationships between maternal role adaptation and transition difficulty for military mothers at three months postbirth and for civilian mothers at three months postbirth. Relationships are presented in Table 14. There was a significant negative relationship between internal coping resources and transition difficulty scores for the civilian population of mothers. The research hypothesis that there would be a significant relationship between maternal coping adaptations and the degree of transition difficulty was supported in part for the civilian population of mothers. Although not significant, the positive relationship between external resources and degree of transition difficulty for the military population is an interesting finding. Does the use of external coping resources serve to increase the degree of transition difficulty experienced by the military mother?

Table 14

The Relationship of Internal and External Family Resources to Transition Difficulty Scale and Subscales for Military and Civilian Mothers

	Internal Resources r	External Resources r
Military Mothers (n=25)	-0.12869 p=0.5398	0.05702 p=0.7866
Civilian Mothers (n=29)	-0.37053 p=0.0479*	-0.13808 p=0.4750

*p<0.05

Social Support. Pearson Product Moment Correlations were used to determine if there were relationships between Social Support and the Family Crisis Oriented Personal Evaluation Scale (F-COPES) subscales for military and civilian mothers. For the civilian population significant relationships were found between Social Support and Extended Family, Friends, and Social and Community Resources subscales. For the military group, there was a significant relationship between Social Support and the Confidence in Family Problem Solving. These relationships are presented in Table 15. The research hypothesis that there would be a significant relationship between the availability of social support and the degree of F-COPES assessments was supported in part for both populations of mothers.

Table 15

Relationship of Social Support to the Family Crisis Oriented
Personal Evaluation Scale (F-COPES) and Subscales for Military
Mothers and Civilian Mothers

	<u>I</u> Military	<u>I</u> Civilian
Confidence in Family Problem Solving	0.56313**	NS
Reframing Family Problems	NS	NS
Family Passivity	NS	NS
Family Resources	NS	NS
Church/Religious Resources	NS	NS
Extended Family	NS	0.41144*
Friends	NS	0.51821**
Neighbors	NS	NS
Community Resources	NS	NS
Social and Community Resources	NS	0.48694*

*p < .05, **p < .005 NS = Not Significant

Summary

The sample for this comparison study consisted of 25 military and 29 civilian mothers ranging in age from 20 to 29 years. The two groups were compared for transition difficulty, social support, and maternal coping adaptations utilized. Differences between the two groups were not statistically significant as measured by t-tests for degree of transition difficulty, availability of social support and the maternal coping adaptations. Demographic differences were found to be significant

utilizing chi-square for total family income, maternal occupation, and maternal level of education.

Using Pearson Product Moment correlations, the relationships between social support and transition difficulty and social support and maternal coping adaptations were tested. A significant negative relationship was found between the use of internal coping resources and the degree of transition difficulty for the civilian population of mothers. There was a significant relationship between the use of extended family and friends and F-COPES for the civilian population and a significant relationship between confidence in family problem solving and F-COPES for the military population. The availability of extended family as a resource did not differ between the military and the civilian mothers.

CHAPTER FIVE

Discussion

Although there has been considerable research on transition difficulty, maternal coping adaptations, and social support related to new motherhood, no studies to date have specifically addressed military mothers. The comparative study described here was accomplished to determine if a military population of first-time mothers differed significantly from a comparison sample of civilian first-time mothers. It is important for health care professionals in the military medical system to understand how the stresses of military life affect the military childbearing family and to be able to provide appropriate interventions if needs specific to the military population are identified.

Research questions addressed the differences between first-time mothers in military families and civilian families in the areas of transition difficulty to parenthood, maternal coping adaptations, and social support. The demographic differences of mothers in the civilian and military populations were also examined. Hypotheses were tested concerning the dependent variables of transition difficulty, maternal coping adaptations, and social support.

A convenience sample of first-time military and civilian mothers was obtained through cooperation with a local civilian and a local military medical facility. Twenty-five military mothers and 29 civilian mothers participated in the study.

The Modified Transition Difficulty Scale (Steffensmeier, 1982; Twiss, 1989), the Family Crisis Oriented Personal Evaluation Scale (McCubbin, Olson, & Larson, 1981), the Family Social Support Index (McCubbin, Peterson & Glynn, 1982) and a questionnaire designed to elicit demographic data made up the Transition to Motherhood Questionnaire. Responses to this questionnaire were used to measure the dependent variables of transition difficulty, social support, and maternal coping adaptations.

This chapter will discuss the differences between the military first-time mothers and the civilian first-time mothers at three months postbirth. The groups will be discussed in regard to demographic variables, transition difficulty, maternal coping adaptations, and social support systems utilized.

Summary of Findings

Demographic Variables

Descriptive statistics were utilized to compare the two populations of first-time mothers. The two groups were relatively similar in age; the military population was slightly younger with a mean age of 24.56 years, the civilian population mean age was 26.14 years. Duration of marriages was similar in both groups. The civilian mothers were more likely to hold a college degree or to have completed some graduate work. They held significantly higher status positions and reported higher total family incomes. The impermanence of the military family lifestyle may hinder the military mother from furthering her education. Businesses surrounding military bases may hesitate to invest training

resources in military family members who will eventually be transferred from the area. This factor, coupled with a tendency to favor permanent area residents, may keep the military mother from gaining seniority in her career field. Reported military incomes do not include the added housing allowance, provision for medical care, subsidized life insurance, and payment for rations made to those members of the military not utilizing military dining facilities. If these benefits were factored in, the income difference may not have been as great, and the two samples might be more similar in income. This situation creates a weakness in the use of Hollingshead's scale for determining socioeconomic status for the military population. Hollingshead's (1975) scale places enlisted military members into the lower socioeconomic levels. However, in the nearly two decades since the scale was developed, great efforts have been made to align compensation for the military more closely with equivalent civilian professions. As a result, the Hollingshead Scale (1975) may no longer be appropriate for use with military personnel.

The majority of the respondents were enlisted military members or family members of enlisted personnel. A high school diploma is the educational level required for entry into the armed services. Many of the military mothers reported having completed some college, and the transience of the military lifestyle may have prevented them from furthering their educations. Difficulty with transferring credits between institutions of higher learning, and the possibility of not remaining at one assignment long enough

to complete a degree may be factors a military family member has to consider before deciding to return to college.

More civilian mothers (89.7%) than military mothers (52%) reported full-time employment prior to the birth of their infants. However, following the birth of the baby, employment of the military population remained stable at 52%, while only 51.7% of the civilian population returned to full-time employment. Since the military population reported a significantly lower total family income, the mother's income could likely be more important to the maintenance of the family lifestyle. Nine of the military mothers were active duty and required to return to duty at six weeks postpartum.

Transition Difficulty

Both groups of mothers experienced a moderate degree of transition difficulty to motherhood. Since the only measurement of transition difficulty in this study was conducted at three months postbirth, the new mothers may still have been in the honeymoon period of new motherhood. Twiss (1989) found that transition difficulty increased for younger mothers at six months postbirth when the newness had worn off and they were having to adjust to the demands of multiple roles. The scores for the civilian sample were higher for total transition difficulty as well as for three of the four subscales, Personal Commitment (PC), Marital Intimacy and Stability (MIS), and Parental Gratification (PG). The civilian mothers' greater difficulty with personal commitment transitions, may be due to having been better

established in their careers and holding higher status positions than the military mothers. Since 48% of the civilian population of mothers remained at home after the birth, they may have felt loss of status and identity. Twiss (1989), in her modification of Steffensmeier's (1982) transition difficulty scale, added a dimension to examine such a feeling of loss. Although only nine mothers in the military population were active duty military, they had been aware from the beginning of pregnancy that their convalescent leave would be limited to six weeks following the birth. This knowledge may help the active duty mother have more realistic expectations and may resolve some of the issues related to lifestyle changes that occur with the addition of the baby to the family.

Military mothers experienced more difficulty with Parental Responsibilities and Restrictions (PRR); however, no significant differences were found. Military mothers, who tended to be younger with less education than their civilian counterparts, may have lower self-confidence in their parenting abilities. Twiss and Meredith (1991) found that women in their twenties experienced more difficulty with infant care responsibilities than did older mothers. Research on military wives, although not specifically addressing childbearing families, determined that the degree to which the military wife appraises a situation as stressful depends on her view of the situation as presenting a challenge, a threat, or a harm/loss to the self (Folkman, 1984; Lazarus & Folkman, 1984). The military lifestyle with its instability may teach the

military mother to adapt to life changes with less difficulty. However, the restrictions on freedom and the increased responsibilities of parenthood, being new experiences, may be perceived as a more difficult transition.

In comparison of both populations to Twiss and Meredith's (1991) population of younger mothers, the total transition difficulty scores and the PG and PC subscales were lower for both groups in this study. The mean scores for the PRR dimension are very similar. However, the MIS subscale mean scores were higher for both the military and civilian mothers in this study when compared to Twiss and Meredith's population of younger mothers; women in the present study tended to have scores closer to those of the mothers over 35 years of age in the earlier research.

The hypothesis stating there would be a difference in degree of transition difficulty to motherhood experienced by military first-time mothers when compared to civilian first-time mothers was not supported. Since current literature does not address the military childbearing family and transition to parenthood, it is important to know that no significant differences between the military and civilian mothers were found. This study lends support to developing nursing care strategies for the military mother using findings from studies of civilian populations and transition difficulty.

Maternal Adaptation

Although not significant, military mothers utilized more internal coping resources than did civilian mothers. Military

mothers, by virtue of the military lifestyle, may have more experience with using problem solving techniques and with reframing family problems than the civilian mothers.

Civilian mothers utilized more neighbors, friends, and community resources. Civilian mothers may be more well established in their neighborhoods, and may have developed more lasting friendships than the military mothers. When compared to Twiss and Meredith's (1991) sample of younger mothers, the civilian population in this study scored higher for total external resources, extended family, friends, and neighbors. The military sample had a similar external resource score, but also scored higher for use of extended family and friends than did the Twiss and Meredith population. Both civilian and military mothers scored lower than the younger mothers in Twiss and Meredith's study for use of community resources.

The transience of military life often forces the military family to solve problems within the family unit, without support of friends, extended family, or community resources. Military families tend to be independent and completely family oriented. Problems are solved within the family, and having to seek outside resources for assistance can be perceived as potentially damaging to the career of the military member (Wertsch, 1991). McKim (1987) discussed a cultural taboo against admitting to concerns or problems when you are the parent of an infant. If the problem is not medical in origin, parental inadequacy is assumed. This

taboo may keep both military and civilian families from utilizing friends, relatives, and community resources.

The military child, studied extensively by Wertsch, considers friends to be dispensable. With every new assignment, the military child moves on and makes new friends, seldom continuing old friendships for an extended period of time (Wertsch, 1991). The military mother, due to the impermanence of her lifestyle, may fail to develop close or trusting relationships to utilize in times of stress. The positive relationship between transition difficulty and the use of external resources is an interesting finding. Although not statistically significant, it may indicate that only in extreme transition difficulty does the military mother utilize outside resources. This may support Wertsch's findings that the military family may perceive as potentially career-damaging the need to seek outside assistance for problem solving.

Montalvo's (1976) study of military families identified a "subculture" which develops to support families who are coping with stress. This population of military mothers scored lower in utilization of friends and community resources than did the civilian mothers, a finding which seems to indicate that the military mothers did not utilize resources from this military "subculture" during their transition to parenthood.

The use of extended family was almost identical for the military and the civilian mothers. This may be explained by the fact that both populations of mothers are part of a highly mobile

society with limited access to extended family members. However, Belsky and Rovine (1984) found no differences in contact between new parents with extended family in proximity and those with extended family at a distance. The findings of this study support those of Belsky and Rovine, that contact with the extended family increased over time. Both populations of mothers in this survey scored higher on extended family support than did Twiss' (1989) sample, who found extended family neither helpful nor unhelpful.

Social Support

Further examination of social support systems using McCubbin's (1982) Social Support Inventory failed to reveal significant differences between the military and civilian mothers. The Social Support Index (SSI) records the degree to which families are integrated into the community and find the community a source of support (McCubbin, Patterson, & Glynn 1982). The hypothesis that there would be a difference between military first-time mothers and civilian first time mothers in social supports utilized was not supported. The SSI scores tended to be lower for both populations of new mothers than the mean scores obtained by McCubbin (1991) on military families across the four stages of the family cycle: the couple stage, preschool stage, school age stage, and adolescent launching stage. This may indicate that mothers at three months postbirth do not view the community as a source of support, whether they are part of the military or the civilian community.

Transition Difficulty/Maternal Coping Adaptation

The military mothers utilized more internal family resources and experienced a lower degree of transition difficulty than did the civilian mothers. These differences were not found to be significant. However, the ability of the family to utilize internal resources such as problem solving and reframing family problems does contribute significantly to a lower degree of transition difficulty. This supports the family systems theoretical framework, within which the family must adapt to achieve a new level of balance with the addition of an infant to the family. Civilian mothers showed a significant negative relationship between maternal coping adaptations and the parental gratification subscale. Mothers who were not as successful at utilizing internal and external family resources experienced fewer rewards related to their roles as new parents. The ability of the mother to adapt to the changes brought on by the addition of the infant resulted in a lower degree of transition difficulty and a new level of balance was achieved. This supports the findings of Twiss and Meredith (1991) in their study of younger and older mothers.

Transition Difficulty/Social Support

There were no significant relationships between social support and total transition difficulty and the subscales for either population of first-time mothers. This study found no relationship between perceived availability of social support and the degree of transition difficulty experienced by military

mothers and civilian mothers. The social support scores for both populations were very similar, with the scores indicating low to moderate social support from the community. At three months postbirth, the mother may still be experiencing the newness of her role and may not yet have felt the need to seek community support.

Maternal Coping Adaptations/Social Support

There was a significant positive relationship for military mothers between social support and the family problem solving subscale. Majewski (1987) found the spouse to be the most supportive person for first-time mothers. The military population of mothers in this study tended not to use community resources, friends, or neighbors, indicating that what social support they received was from their spouses. This would support Wertsch's (1991) image of the independent, completely family oriented military family.

There was a significant positive relationship for the civilian population of mothers between social support and the extended family subscale, the friends subscale, and the total external resources scale. The civilian population of mothers, by virtue of a more stable lifestyle, may have developed more permanent relationships within the community and may be more aware of what the community has to offer.

Conclusions

In conclusion, both populations of mothers had been married the same length of time. The military mothers tended to be younger. The civilian mothers had a higher average total family

income, more education, and higher status jobs. There were no significant differences in transition difficulty to motherhood between the civilian and the military mothers. Civilian mothers had a higher mean score for transition difficulty to parenthood at three months postbirth. Military mothers, by virtue of the military lifestyle, may be better equipped to make the adjustments needed with the addition of the new infant. However, military mothers, who tended to be younger, experienced more difficulty with adjusting to parental responsibilities and restrictions.

Civilian mothers tended to utilize more friends and agencies to cope with transition difficulty, whereas military mothers tended to have more confidence in their own problem solving ability and used more internal coping resources. Although the military prides itself on providing a community environment and making family resources readily available, this group of military mothers tended not to utilize external resources as much as their civilian counterparts. The use of extended family as a resource was similar for each group, which may indicate that the civilian population of mothers in this study may also have been highly mobile and nuclear. Although this study should not be generalized beyond this population of new mothers, information about both military and civilian first-time mothers was provided. Military mothers tend to be similar to civilian mothers in degree of transition difficulty, but tend to use more internal resources for coping.

The family systems theoretical framework chosen for this study was supported for this population of mothers. Women experienced transition difficulty to their new role with the addition of a family member. Family resources were utilized to adjust to the disruption within the family. External and internal family resources were utilized to adjust to the disruption within the family system, achieving a new balance. The majority of new mothers experienced the addition of the new infant as a normative transition.

The findings presented here suggest that parenthood continues to be a stressful experience. New parents experience stress with juggling the multiple roles of parent, spouse, and employee. The first few months postbirth require that the couple adapt to the responsibilities and assume the traditional roles of parenthood. Innovative strategies are needed that deal with health maintenance so that the couple may continue to work and parent and care for their infant.

Limitations to the Study

Major limitations to this study include the small sample size of each of the two groups and the fact that only one measurement was made. A larger sample size, randomly selected, with repeated measurements over time would increase generalizability of the study to other military populations. Miller and Sollie (1980) expressed concern about parents responding truthfully to a survey assessing their transition difficulty. Self-reporting in a questionnaire assessing a mother's transition to parenthood may be

considered a limitation. When the survey is conducted by a military nurse officer of a military population, that limitation may be compounded.

Implications for Nursing

Based on the results of this study, military nurses can utilize current research on transition difficulty to parenthood conducted on civilian samples when planning discharge and follow-up care for their military population. Discharge planning strategies should involve helping the mother identify and mobilize her coping resources. Having family and community resources readily available does not ensure that they will be utilized. Family resources as well as external resources should be assessed during discharge planning. Great care must be taken to identify parents who isolate themselves in the military environment, attempt to solve their own problems, and fail to seek help. Discharge planning should provide the new family an awareness of the external resources available in the military community. Case management of military families at risk for transition difficulty and ineffective coping could help to insure that military mothers are directed toward the resources they need.

Military practitioners and discharge planners need to be aware of how the military mother makes the transition to parenthood. Prenatal classes and discharge planning should focus on the military lifestyle, the potential for isolation, and the availability of community resources. New mothers need to be made aware that concerns regarding parenting capabilities are normal.

Parenting classes should be offered, but removed from under the auspices of the mental health clinics, a position which in itself carries a negative connotation in the military environment. Offering parenting classes through the chapel or in a neutral environment may increase participation.

Military nurses can help young parents identify their coping strengths and resources. If stressors are financial, nursing interventions may include referring the family to financial counselors or military social service resources. Encouraging the family to use social support systems is another reasonable intervention. Postpartum and breastfeeding support groups could supply support on isolated or overseas bases where local community resources and access to extended family may be limited. Suggesting formation of babysitting cooperatives among groups of young military couples may help the new parents find time for each other and increase outside socialization without experiencing additional financial strain. Interventions designed to help parents overcome exhaustion and manage lifestyle changes will help to ease the transition to parenthood.

Implications for Future Research

This study did provide information about military mothers as compared to civilian mothers. A clearer understanding of how the military mother differs from and is similar to the civilian mother was gained. By understanding how the military family differs from the civilian family in transition difficulty, social support, and maternal coping adaptations, military nurses can better meet the

needs of the new family. Future longitudinal research is needed to compare military and civilian mothers over time to further explore the impact of an infant on the family system. Studies of military and civilian populations are needed to determine if the similarities found in this study continue over time, and if military mothers continue to utilize more internal coping mechanisms. This study did not address fathers' role in transition to parenthood, and further studies should examine the extent of the military father's participation in the transition.

There is a need to replicate this comparative study with a longitudinal sample representing military and civilian populations of mothers, 20 to 29 years of age. Older mothers (over 35 years of age) were not included in this study. Twiss (1989) found significant differences in transition difficulty for older mothers when compared to younger mothers. Future research should include older mothers in the military population. Further study is needed of mothers who remain employed, to determine the impact of returning to work on transition.

Although this study found similar use of extended family for military and civilian mothers, it would be important to study social support available to families who are stationed overseas. Military families in an isolated environment may be at risk for ineffective coping. Intervention studies could determine if directing military families toward available external resources through case management would increase social support inventory scores and decrease transition difficulty.

Military mothers have a unique lifestyle which can impact how well they make the transition to their role as new parents.

Military health care workers need to be aware of the resources the military family can utilize in order to facilitate this transition. Additional research is necessary in this area in order to provide quality care to military families.

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APPENDIX A

PERMISSION TO CONDUCT RESEARCH

EXEMPTION INFORMATION FORM

PROPOSAL TITLE: Maternal Coping Adaptations, Social Support and Transition Difficulties to Parenthood of First time Civilian and Military Mothers

INVESTIGATOR(S) NAME & DEGREE: Jeanette M. Splonskowski, R.N., B.S.N.
Janice J. Twiss, R.N., Ph.D.

DEPARTMENT & SCHOOL: Parent/Child Nursing, University of Nebraska Medical Center CO

ADDRESS: 926 Iron Road, Papillion, Nebraska 68128

TELEPHONE NUMBER: (402) 597-3751

PURPOSE OF THE STUDY: The purpose of this study is to determine if there are differences reported in transition difficulty to parenthood, in coping adaptations utilized, and in social support utilized by first time civilian mothers and first time military mothers at three months post birth.

DESCRIPTION OF SUBJECT POPULATION AND METHOD(S) OF RECRUITMENT: Subjects will be married first time mothers between the ages of 20 and 29, able to read and comprehend English. They will have delivered a live healthy infant vaginally and will have experienced an uncomplicated perinatal course. The civilian mother population will be a convenience sample from area hospital childbirth education class registrations. The military mother population will be a convenience sample who have delivered at the local military medical facility. Their names will be obtained through clinical records. Approval for conducting the survey will be obtained through Air Force legal systems and the executive staff at the facility. Approval to conduct research in the civilian hospitals and the military medical facility will be forwarded when received.

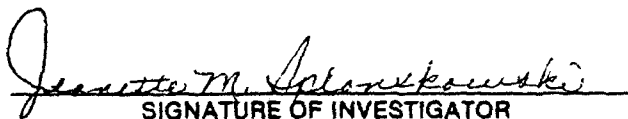
INFORMED CONSENT: Some technically exempt research projects ethically require informed consent (written or oral). If, in the investigator's opinion, the study requires informed consent, the method used to obtain informed consent should be described and any written consent forms submitted. If the study does not require consent, it should be so stated and justified.

A cover letter will be sent to each new mother describing the study and requesting her participation. (See Appendix A) Participation in the study is voluntary. Participants will be advised that they are under no obligation to complete the survey, and may withdraw from the study at any time. There are no known harmful effects from completing the survey, and informed consent will be implied by the willingness of the respondent to complete and return the questionnaire.

DESCRIPTION OF PROCEDURES: The survey, cover letter, and a self-addressed stamped envelope will be mailed to each subject at three months post birth. The survey consists of four tools. (See Appendix B) A demographic questionnaire will be used to obtain data as to age, income, occupation, education and ethnic background of the women, and health status of the mother and infant at birth. The Modified Transition Difficulty Scale will be used to measure transition difficulty to parenthood, in four dimensions: 1) Parental Responsibilities and Restrictions (PRR); 2) Parental Gratification (PG); 3) Marital Intimacy and Stability (MIS); and 4) Personal Commitment (PC). McCubbin's Family Crisis Oriented Personal Evaluation Scales (F-COPES) is designed to identify problem solving techniques and behaviors used by the mother during transition to parenthood, and will be used to measure role adaptation. McCubbin's Social Support Index (SSI) is designed to record the degree to which families are integrated into the community and view the community as a source of support. A followup postcard will be sent two weeks after the first mailing, requesting that the survey be completed and returned if a response has not been received. Confidentiality will be assured through assigning a code number to each subject based on their assignment to the military or civilian group. The subject's name will appear only on the envelope. The infant is not referred to except as being male or female. Only the primary researcher will have access to the names and addresses. Explicit instructions are supplied for completion of each section of the questionnaire. Approximately 20-30 minutes will be required to complete the survey.

EXEMPTION CATEGORY: As per IRB Guidelines (p. 9-11), this proposal qualifies for exemption under 45 CFR 46.101 paragraph(s) 3 and is justified as follows:

This study consists of a survey and does not include any invasive procedures. No questions would be incriminating to the subject. The subject has the right to refuse to participate. Subject responses are recorded and coded in such a manner as to prevent identification of the subjects. The individual's responses will in no way place the subject at any risk, financially, professionally, or legally.


SIGNATURE OF INVESTIGATOR

25 July 1991
DATE


SIGNATURE OF ADVISOR
(for student investigator)

7-25-91
DATE

The IRB reserves the right to request the investigator provide additional information concerning the proposal.

Please submit the original and one copy of the Exemption Information Form.



University
of Nebraska
Medical Center

UNIVERSITY OF NEBRASKA
INSTITUTIONAL REVIEW BOARD
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August 6, 1991

Jeannette Splonskowski, RN, BSN
Janice Twiss, RN, PhD
College of Nursing
UNMC

IRB # 020-92 EX

TITLE OF PROPOSAL: Maternal Coping Adaptations, Social Support and
Transition Difficulties to Parenthood of First Time Civilian and Military
Mothers

Dear Ms. Splonskowski and Dr. Twiss:

I have reviewed your Exemption Information Form for the above-mentioned
research project. According to the information provided this proposal
is exempt from IRB review under 45 CFR 46:101B 3.

It is understood that an acceptable standard of confidentiality of data
will be maintained.

Sincerely,

Ernest D. Prentice, Ph.D.
Vice Chairman, IRB

EDP/lmc



Hospital

7500 Mercy Road
Omaha, NE. 68124
(402) 398-6060

September 12. 1991

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Ms. Jeanette M. Splonskowski
926 Iron Road
Papillion, NE 68128

Dear Ms. Splonskowski:

I have received and reviewed the information you submitted regarding the proposal entitled, "Maternal Coping Adaptations, Social Support and Transition Difficulties to Parenthood of First Time Civilian and Military Mothers". This study is exempt from review by the Institutional Review Committee as no patient risk is involved.

If you wish to conduct this study at this Hospital, you will need to contact Nursing Service to see if they are interested in participating. In addition, you should contact Dr. Richert Taylor, Chairman of the OB-Gyn Department, to determine if there are any objections to you conducting this study. In addition, this study should have a sponsor at this institution.

If you have any questions regarding this information, please let me know.

Sincerely,

A handwritten signature in cursive script, likely belonging to John J. Connolly.

John J. Connolly, M.D., Chairman
Institutional Review Committee

JJC:skj

cc: Dr. Richert Taylor
Ms. Deb Yancer

Physicians of Obstetrics and Gynecology

RICHERT J. TAYLOR, M.D., PC, FACOG
JAMES G. CUMMINS, M.D., PC, FACOG
MARY K. KRATOSKA, M.D., FACOG
WILLIAM W. JURGENSEN, JR., M.D., FACOG
BENJAMIN J. RYDER, M.D.
SCOTT D. JANSEN

Business Manager/Administrator

75

October 16, 1991

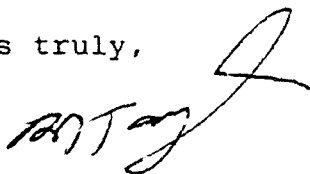
Jeanette M. Splonskowski
926 Iron Road
Papillion, Nebraska 68128

Dear Ms. Splonskowski:

The OB Advisory Committee at Archbishop Bergan Mercy Hospital has approved your application for your civilian study sample on military and civilian mothers and their transition to parenthood. It sounds like a very interesting project, and we wish you the best of luck.

If the Department of OB-GYN can be of any assistance to you during the project, please do not hesitate to call me.

Yours truly,



Richert J. Taylor, M.D., Chairman
Department of Obstetrics & Gynecology
Archbishop Bergan Mercy Hospital

mg



Hospital

7500 Mercy Road
Omaha, NE 68124
(402) 398-6060

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September 17, 1991

Jeanette Splonskowski
926 Iron Road
Papillion, NE 68128

Dear Jeanette,

The Council on Nursing Quality Assurance reviewed your research proposal "Maternal Coping Adaptations, Social Support and Transition Difficulties to Parenthood of First Time Civilian and Military Mothers" at its September 4, 1991 meeting. The committee unanimously agreed to allow you access to names of Bergan Mercy patients for this study pending approval through the Bergan Mercy Internal Review Board.

The Council members expressed an interest in receiving results of your study upon completion, if possible. Thank you for selecting Bergan Mercy as your clinical site.

Sincerely,

A handwritten signature in cursive script that reads 'Linda Lonowski'.

Linda Lonowski, R.N., M.S.
Chairperson, Council on Nursing Quality Assurance

wpsplonsko.ltr
9/17/91/cs



DEPARTMENT OF THE AIR FORCE
EHRLING BERGQUIST STRATEGIC HOSPITAL (SAC)
OFFUTT AIR FORCE BASE, NEBRASKA 68113 5300

77

REPLY TO
ATTN OF:

SGN (Col Stubblefield, 7453)

23 Oct 91

SUBJECT:

Letter of Approval for Maj Jeanette Splonskowski

TO

Maj Jeanette Splonskowski

Maj Jeanette Splonskowski has been given approval to conduct her data collection at Ehrling Bergquist Strategic Hospital. No potential harm is anticipated to the subject's participating in and/or cooperating with the study.

Virginia M. Stubblefield
VIRGINIA M. STUBBLEFIELD, Col, USAF, NC
Chairperson, Department of Nursing

FROM: AFIT/XPX

15 NOV 1991

SUBJECT: Survey Approval

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TO: CIMI

ATTN: Captain Edmondson

1. Review of Major Splonskowski's survey, "Motherhood Questionnaire," has been completed by this office and Major Burgess, HQ AFMPC/DPMYO. The survey is approved and based on telephonic confirmation (14 Nov 91 telephone conversation with Capt Simpson, AFMPC/DPMYOS), a survey control number is not required.
2. It is recommended that Major Splonskowski add the following statement just prior to the end of her cover letter:

"This survey instrument has been reviewed by the survey control officers at AFIT/XPX and AFMPC/DPMYOS. It has been approved for use in support of research as part of thesis requirements for completion of graduate degree program at the University of Nebraska."
3. If Major Splonskowski has any questions, she may contact me at DSN 785-5760 or (513) 255-5760.

Richard A Tidd

RICHARD A. TIDD, Captain, USAF
Chief, Evaluation and Technology
Branch

cc: Major Splonskowski

APPENDIX B
LETTERS TO SUBJECTS

Dear New Mother,

Congratulations on the birth of your new baby. The addition of a child to a family changes that family forever. Making the transition to parenthood can be one of the most stressful expected life experiences. In recent years the normal length of hospitalization after delivery has gradually decreased and mothers return to their homes within two days after the birth with only their husbands to support and assist them. Today, women are more likely to continue working after marrying and having children than in the past. Since many companies allow only 6 weeks following delivery for recovery, mothers return to work during the postpartum period.

Your assistance is needed to improve the nursing care and support provided to new mothers like you during those first months following childbirth. It is necessary to understand the changes and rewards you may have experienced in your transition to parenthood in order to devise innovative health care plans for new mothers who are being affected by social changes which have occurred in the past two decades. Would you please take 15 to 20 minutes to participate in this research study entitled "Maternal Coping Adaptations, Social Support and Transition Difficulties to Parenthood for First Time Civilian and Military Mothers".

Your confidentiality will be maintained and your responses will be kept in strictest confidence. Please complete the enclosed questionnaire and return it to me in the self-addressed, stamped envelope by . There are no known risks to you for your participation. Your willingness to complete this questionnaire implies your consent to participate in this study.

If you are active in the rearing of stepchildren or have an adopted child, do not complete the questionnaire. Please return all materials in the envelope provided.

If you should have any questions, please call me at (402) 597-3751. Thank you in advance for your assistance and your immediate response. Good luck and best wishes to you and your new baby.

Sincerely,

Jeanette M. Splonskowski, RN, BSN
Major, USAF Nurse Corps
Graduate Student, Parent/Child Department
University of Nebraska Medical Center College of Nursing
926 Iron Road
Papillion, Nebraska 68128

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. chapter 40; 37 U.S.C. chapter 9; and EO 9397.

PRINCIPAL PURPOSE(S): To obtain information from new mothers for use in study on transition difficulties, social support, and coping adaptations.

ROUTINE PURPOSE(S): None

DISCLOSURE IS VOLUNTARY. Completion of this survey is not required, and there is no penalty for choosing not to participate.

Dear New Mother,

Congratulations on the anticipated birth of your new baby. The addition of a child to a family changes that family forever. Making the transition to parenthood can be one of the most stressful expected life experiences. In recent years the normal length of hospitalization following delivery has gradually decreased and mothers return to their homes within two days after the birth with only their husbands to support and assist them. Today, women are more likely to continue working after marrying and having children than in the past. Since many companies allow only 6 weeks following delivery for recovery, mothers return to work during the postpartum period.

Your assistance is needed to improve the nursing care and support provided to new mothers like you during those first months following childbirth. It is necessary to understand the transition difficulties to parenthood that you may experience in order to devise innovative health care plans for new mothers who are being affected by social changes which have occurred in the past two decades. Would you be interested in participating in a study of new mothers entitled "Maternal Coping Adaptations, Social Support and Transition Difficulties to Parenthood for First Time Civilian and Military Mothers"?

If you decide to participate, please complete and return the enclosed postcard to me. A survey will be mailed to you three months following the birth of your baby. Completion of the survey will take 15 to 20 minutes of your time. Your only commitment to this study will be completion of this single survey. In no way is your agreement to participate binding, and you may withdraw from the survey at any time.

Your confidentiality will be maintained and your responses will be kept in strictest confidence.

If you are active in the rearing of stepchildren, do not return the postcard.

If you should have any questions, please call me at (402) 597-3751. Thank you in advance for your assistance. Good luck and best wishes to you and your new baby.

Sincerely,

Jeanette M. Splonskowski
926 Iron Road
Papillion, NE 68128

APPENDIX C

INSTRUMENTS

THE TRANSITION TO MOTHERHOOD QUESTIONNAIRE (MILITARY)
THE TRANSITION TO MOTHERHOOD QUESTIONNAIRE (CIVILIAN)
THE TRANSITION DIFFICULTY SCALE
THE SOCIAL SUPPORT INDEX
THE FAMILY CRISIS ORIENTED PERSONAL SCALES (F-COPES)

THE MOTHERHOOD DEMOGRAPHIC QUESTIONNAIRE (MILITARY)

DIRECTIONS: PLEASE FILL IN THE BLANK OR PLACE AN X IN THE BOX THAT IS MOST APPROPRIATE FOR YOU.

1. What is your age_____?
2. How long have you been married?_____?
3. Please indicate your ethnic background.
 - () White
 - () Asian American
 - () Hispanic
 - () American Indian
 - () Black
 - () Other (please specify)_____
4. What is the highest level of your education?
 - () Twelve or less
 - () High school diploma
 - () Some college
 - () Associate Degree
 - () Bachelor's Degree
 - () Some graduate study
 - () Master' Degree
 - () Doctorate Degree
5. What is the highest level of your husband's education?
 - () Twelve or less
 - () High school diploma
 - () Some college
 - () Associate Degree
 - () Bachelor's Degree
 - () Some graduate study
 - () Master' Degree
 - () Doctorate Degree
6. Total annual family income.
 - () Below \$10,000
 - () \$10,001 to \$20,000
 - () \$20,001 to \$30,000
 - () \$30,001 to \$40,000
 - () \$40,001 to \$50,000
 - () \$50,001 to \$60,000
 - () \$60,001 to \$70,000
 - () \$70,001 or more
7. What is your occupation?
 - _____
8. If you are active duty, what is your rank?
 - () E-1 to E-4
 - () E-5 to E-6
 - () E-7 to E-9
 - () O-1 to O-3
 - () O-4 to O-5
9. Total service_____
10. If your husband is active duty, what is his rank?
 - () E-1 to E-4
 - () E-5 to E-6
 - () E-7 to E-9
 - () O-1 to O-3
 - () O-4 to O-5
11. Total service _____
12. If your husband is not active duty, what is his occupation?_____
13. Which of the following describes your employment prior to delivery?
 - () Full time
 - () 30-39 hours
 - () 20-29 hours
 - () 10-19 hours
 - () 0-9 hours
 - () Not employed

14. Which describes your employment situation now?

- ☐ Full time
- ☐ 30 - 39 hours
- ☐ 20 - 29 hours
- ☐ 10 - 19 hours
- ☐ 1 - 9 hours
- ☐ Not employed
- ☐ Still on Maternity Leave
- ☐ Plan to return to work later

15. What are your housing arrangements?

- ☐ Military Housing
- ☐ Apartment
- ☐ Renting Home
- ☐ Own Home

16. How would you describe where you live?

- ☐ Rural
- ☐ Town
- ☐ City (10,000 - 50,000)
- ☐ Metropolitan (Over 50,000)
- ☐ Military Base

17. When was your baby born? _____

18. What kind of delivery did you have?

- ☐ Vaginal
- ☐ Cesarean Section

19. What is the sex of your infant?

- ☐ Male
- ☐ Female

20. Did you develop any health problems related to this pregnancy?

- ☐ Yes
- ☐ No

21. If yes, please specify. _____

22. Was your baby born with health problems?

- ☐ Yes
- ☐ No

23. If yes, please specify. _____

THE MOTHERHOOD DEMOGRAPHIC QUESTIONNAIRE (CIVILIAN)

PLEASE FILL IN THE BLANK OR PLACE AN X IN THE BOX THAT IS MOST APPROPRIATE TO YOU.

1. What is your age_____?
2. How long have you been married?_____?
3. Please indicate your ethnic background.
 - () White
 - () Asian American
 - () Hispanic
 - () American Indian
 - () Black
 - () Other (please specify)_____
4. What is the highest level of your education?
 - () Twelve or less
 - () High school diploma
 - () Some college
 - () Associate Degree
 - () Bachelor's Degree
 - () Some graduate study
 - () Master' Degree
 - () Doctorate Degree
5. What is the highest level of your husband's education?
 - () Twelve or less
 - () High school diploma
 - () Some college
 - () Associate Degree
 - () Bachelor's Degree
 - () some graduate study
 - () Master's Degree
 - () Doctorate Degree
6. Total annual family income.
 - () Below \$10,000
 - () \$10,001 to \$20,000
 - () \$20,001 to \$30,000
 - () \$30,001 to \$40,000
 - () \$40,001 to \$50,000
 - () \$50,001 to \$60,000
 - () \$60,001 to \$70,000
 - () \$70,001 or more
7. What is your occupation?
 - () Full Time
 - () 30-39 hours
 - () 20-29 hours
 - () 10-19 hours
 - () Not employed
8. Which of the following best describes your employment status prior to the birth of your baby?
 - () Full Time
 - () 30-39 hours
 - () 20-29 hours
 - () 10-19 hours
 - () Not employed
9. How would you describe your employment status now?
 - () Full Time
 - () 30-39 hours
 - () 20-29 hours
 - () 10-19 hours
 - () Not employed
 - () Still on maternity leave.
10. What is your husband's occupation?_____
11. What are your housing arrangements?
 - () Rent apartment
 - () Renting home
 - () Own home
 - () Other

12. How would you describe where you live?

- ☐ Rural
- ☐ Town
- ☐ City (10,000 - 50,000)
- ☐ Metropolitan (Over 50,000)

13. When was your baby born? _____

14. What kind of delivery did you have?

- ☐ Vaginal
- ☐ Cesarean Section

15. What is the sex of your infant?

- ☐ Male
- ☐ Female

16. Did you develop any health problems related to this pregnancy?

- ☐ Yes
- ☐ No

17. If yes, please specify. _____

18. Was your baby born with health problems?

- ☐ Yes
- ☐ No

19. If yes, please specify. _____

THE TRANSITION DIFFICULTY SCALE

DIRECTIONS: There are many worries that come with having a new baby to care for. Please indicate by circling the corresponding number how much you may have experienced the following events since the birth of your baby.

- (5) A great deal (2) A little bit
 (4) A moderate amount (1) Not at all
 (3) A fair amount.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Worry about being a good parent. | 5 | 4 | 3 | 2 | 1 |
| 2. Worry about the added
responsibility of a child. | 5 | 4 | 3 | 2 | 1 |
| 3. Worry about drifting apart from
your spouse. | 5 | 4 | 3 | 2 | 1 |
| 4. Worry about sexual relations. | 5 | 4 | 3 | 2 | 1 |
| 5. Worry about not having enough
time to spend with my husband. | 5 | 4 | 3 | 2 | 1 |
| 6. Worry about changes in marital
relationship. | 5 | 4 | 3 | 2 | 1 |
| 7. Worry about not giving spouse
enough affection and attention. | 5 | 4 | 3 | 2 | 1 |
| 8. Worry about having adequate
finances. | 5 | 4 | 3 | 2 | 1 |
| 9. Worry about losing out in my
career/job. | 5 | 4 | 3 | 2 | 1 |
| 10. Worry about providing adequate
care for infant and having to
work. | 5 | 4 | 3 | 2 | 1 |

DIRECTIONS: Please indicate to what extent you have enjoyed the following since the birth of your child:

- (5) A great deal (2) A little bit
 (4) A moderate amount (1) Not at all
 (3) A fair amount

- | | | | | | |
|-------------------------------|---|---|---|---|---|
| 11. A purpose for living. | 5 | 4 | 3 | 2 | 1 |
| 12. Feeling of fulfillment. | 5 | 4 | 3 | 2 | 1 |
| 13. Feeling closer to spouse. | 5 | 4 | 3 | 2 | 1 |

DIRECTIONS: Please indicate how much change there has been (since the baby came) and how you feel about this change.

CHANGE	FEEL ABOUT
(5) A great deal	(1) Enthusiastic
(4) A moderate amount	(2) Satisfied
(3) A fair amount	(3) Doesn't matter
(2) A little bit	(4) Somewhat dissatisfied
(1) Not at all	(5) Dissatisfied

CHANGE	FEEL ABOUT
14. Getting together with friends.	
5 4 3 2 1	1 2 3 4 5
15. Regularity of daily activities at home.	
5 4 3 2 1	1 2 3 4 5
16. Not being able to get out in the evening with your husband to go to movies, shop, etc.	
5 4 3 2 1	1 2 3 4 5
17. Attention you get from husband.	
5 4 3 2 1	1 2 3 4 5
18. Doing things spontaneously.	
5 4 3 2 1	1 2 3 4 5
19. Getting on each others nerves.	
5 4 3 2 1	1 2 3 4 5
20. Understanding you receive from spouse.	
5 4 3 2 1	1 2 3 4 5
21. Talking with your spouse.	
5 4 3 2 1	1 2 3 4 5
22. Having things in common with friends.	
5 4 3 2 1	1 2 3 4 5

CHANGE	FEEL ABOUT
(5) A great deal	(1) Enthusiastic
(4) A moderate amount	(2) Satisfied
(3) A fair amount	(3) Doesn't matter
(2) A little bit	(4) Somewhat dissatisfied
(1) Not at all	(5) Dissatisfied
23. Personal growth/rewards (i.e., sharing ideas with others, increasing knowledge of job/career).	
5 4 3 2 1	1 2 3 4 5
24. Arrangement of work schedule.	
5 4 3 2 1	1 2 3 4 5
25. Not being able to do things for self, i.e., exercise, read, watch TV, shop.	
5 4 3 2 1	1 2 3 4 5

DIRECTIONS: The following things may have caused problems for you (since the baby came). Please indicate how much each may have bothered you.

(5) A great deal	(2) A little bit
(4) A moderate amount	(1) Not at all
(3) A fair amount	
26. Being interrupted by the baby in the middle of doing something.	
	5 4 3 2 1
27. Not being able to get out of the house during the day.	
	5 4 3 2 1
28. Loss of sleep.	
	5 4 3 2 1
29. Change in importance of career/job.	
	5 4 3 2 1
30. Fussy behavior of baby.	
	5 4 3 2 1
31. Fatigue.	
	5 4 3 2 1
32. Views self and career/job differently.	
	5 4 3 2 1

DIRECTIONS: For each of the following word associations, please indicate the number that best describes how you feel by circling the number closest to the correct word.

- | | | | | | | |
|---------------|---|---|---|---|---|---------------|
| 33. Happy | 1 | 2 | 3 | 4 | 5 | Miserable |
| 34. Sociable | 1 | 2 | 3 | 4 | 5 | Lonely |
| 35. Important | 1 | 2 | 3 | 4 | 5 | Insignificant |
| 36. Free | 1 | 2 | 3 | 4 | 5 | Tied down |
| 37. Content | 1 | 2 | 3 | 4 | 5 | Frustrated |

SOCIAL SUPPORT INDEX

DIRECTIONS: First, read the list of "Response Choices" one at a time.

Second, decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, the circle the number 4 indicating that you STRONGLY AGREE; if the statement does not describe your response at all, then circle the number 0 indicating that you STRONGLY DISAGREE; if the statement describes your response to some degree, then select a number, 1, 2, or 3 to indicate how much you agree or disagree with the statement about your response.

- 0. Strongly Disagree
- 1. Disagree
- 2. Not Sure
- 3. Agree
- 4. Strongly Agree

PLEASE INDICATE HOW MUCH YOU AGREE WITH EACH OF THE FOLLOWING STATEMENTS ABOUT YOUR COMMUNITY AND FAMILY.

- | | | | | | |
|--|---|---|---|---|---|
| 1. If I had an emergency, even people I do not know in this community would be willing to help. | 0 | 1 | 2 | 3 | 4 |
| 2. I feel good about myself when I sacrifice and give time and energy to members of my family. | 0 | 1 | 2 | 3 | 4 |
| 3. The things I do for members of my family and they do for me make me feel part of this very important group. | 0 | 1 | 2 | 3 | 4 |
| 4. People here know they can get help from the community if they are in trouble. | 0 | 1 | 2 | 3 | 4 |
| 5. I have friends who let me know they value who I am and what I can do. | 0 | 1 | 2 | 3 | 4 |
| 6. People can depend on each other in this community. | 0 | 1 | 2 | 3 | 4 |
| 7. Members of my family seldom listen to my problems or concerns; I usually feel criticized. | 0 | 1 | 2 | 3 | 4 |

- 0. Strongly Disagree
- 1. Disagree
- 2. Not Sure
- 3. Agree
- 4. Strongly Agree

PLEASE INDICATE HOW MUCH YOU AGREE WITH EACH OF THE FOLLOWING STATEMENTS ABOUT YOUR COMMUNITY AND FAMILY.

- | | | | | | |
|---|---|---|---|---|---|
| 8. My friends in this community are part of my everyday activities. | 0 | 1 | 2 | 3 | 4 |
| 9. There are times when family members do things that make other members unhappy. | 0 | 1 | 2 | 3 | 4 |
| 10. I need to be very careful how much I do for my friends because they take advantage of me. | 0 | 1 | 2 | 3 | 4 |
| 11. Living in this community gives me a secure feeling. | 0 | 1 | 2 | 3 | 4 |
| 12. The members of my family make an effort to show their love and affection for me. | 0 | 1 | 2 | 3 | 4 |
| 13. There is a feeling in this community that people should not get too friendly with each other. | 0 | 1 | 2 | 3 | 4 |
| 14. This is not a very good community to bring children up in. | 0 | 1 | 2 | 3 | 4 |
| 15. I feel secure that I am as important to my friends as they are to me. | 0 | 1 | 2 | 3 | 4 |
| 16. I have some very close friends outside my family who I know really care for me and love me. | 0 | 1 | 2 | 3 | 4 |
| 17. Members of my family do not seem to understand me; I feel taken for granted. | 0 | 1 | 2 | 3 | 4 |

F-COPES
FAMILY CRISIS ORIENTED PERSONAL SCALES

Directions: First, read the list of "Response Choices" one at a time.

Second, decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then circle the number 5 indicating that you STRONGLY AGREE; if the statement does not describe your response at all, then circle the number 1 indicating that you STRONGLY DISAGREE; if the statement describes your response to some degree, then select a number 2, 3, or 4 to indicate how much you agree or disagree with the statement about your response.

1. Strongly disagree
2. Moderately disagree
3. Neither agree nor disagree
4. Moderately agree
5. Strongly agree

WHEN WE FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY, WE RESPOND BY:

- | | | | | | |
|--|---|---|---|---|---|
| 1. sharing our difficulties with
with relatives. | 1 | 2 | 3 | 4 | 5 |
| 2. seeking encouragement and
support from friends. | 1 | 2 | 3 | 4 | 5 |
| 3. knowing we have the power to
solve major problems | 1 | 2 | 3 | 4 | 5 |
| 4. seeking information and advice
from persons in other families
who have faced the same or
similar problems. | 1 | 2 | 3 | 4 | 5 |
| 5. seeking advice from relatives
(grandparents, etc.) | 1 | 2 | 3 | 4 | 5 |
| 6. seeking assistance from
community agencies and programs
designed to help families in
our situation. | 1 | 2 | 3 | 4 | 5 |
| 7. knowing that we have the
strength within our own family
to solve our problems | 1 | 2 | 3 | 4 | 5 |
| 8. receiving gifts and favors from
neighbors (e.g., food, taking
in mail, etc.) | 1 | 2 | 3 | 4 | 5 |

1. Strongly disagree
2. Moderately disagree
3. Neither agree nor disagree
4. Moderately agree
5. Strongly agree

WHEN WE FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY, WE RESPOND
BY:

- | | | | | | |
|---|---|---|---|---|---|
| 9. seeking information and advice from the family doctor. | 1 | 2 | 3 | 4 | 5 |
| 10. asking neighbors for favors and assistance. | 1 | 2 | 3 | 4 | 5 |
| 11. facing the problems "head-on" and trying to get solutions right away. | 1 | 2 | 3 | 4 | 5 |
| 12. watching television | 1 | 2 | 3 | 4 | 5 |
| 13. showing that we are strong | 1 | 2 | 3 | 4 | 5 |
| 14. attending church services | 1 | 2 | 3 | 4 | 5 |
| 15. accepting stressful events as a fact of life. | 1 | 2 | 3 | 4 | 5 |
| 16. sharing concerns with close friends. | 1 | 2 | 3 | 4 | 5 |
| 17. knowing luck plays a big part in how well we are able to solve family problems. | 1 | 2 | 3 | 4 | 5 |
| 18. exercising with friends to stay fit and reduce tension | 1 | 2 | 3 | 4 | 5 |
| 19. accepting that difficulties occur unexpectedly. | 1 | 2 | 3 | 4 | 5 |
| 20. doing things with relatives (get-togethers, dinners, etc.) | 1 | 2 | 3 | 4 | 5 |
| 21. seeking professional counseling and help for family difficulties. | 1 | 2 | 3 | 4 | 5 |
| 22. believing we can handle our own problems. | 1 | 2 | 3 | 4 | 5 |
| 23. participating in church activities. | 1 | 2 | 3 | 4 | 5 |

1. Strongly disagree
2. Moderately disagree
3. Neither agree nor disagree
4. Moderately agree
5. Strongly agree

WHEN WE FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY, WE RESPOND BY:

- | | | | | | |
|---|---|---|---|---|---|
| 24. defining the family problem in a more positive way so that we do not become too discouraged | 1 | 2 | 3 | 4 | 5 |
| 25. asking relatives how they feel about problems we face. | 1 | 2 | 3 | 4 | 5 |
| 26. feeling that no matter what we do to prepare, we will have difficulty handling problems | 1 | 2 | 3 | 4 | 5 |
| 27. seeking advice from a minister | 1 | 2 | 3 | 4 | 5 |
| 28. believing if we wait long enough, the problem will go away. | 1 | 2 | 3 | 4 | 5 |
| 29. sharing problems with neighbors | 1 | 2 | 3 | 4 | 5 |
| 30. having faith in God | 1 | 2 | 3 | 4 | 5 |

APPENDIX D

THE HOLLINGSHEAD OCCUPATIONAL SCALE

HOLLINGSHEAD OCCUPATIONAL SCALE

- Score 9 Higher Executives, Proprietors of Large Businesses,
and Major Professionals
- a. Higher executives: chairpersons, presidents, vice presidents, assistant vice-presidents, secretaries, treasurers;
 - b. Commissioned officers in the military: majors, lieutenant commanders, and above, or equivalent;
 - c. Government officials, federal, state, and local: members of the United States Congress, members of the state legislature, governors, state officials, mayors, city managers;
 - d. Proprietors of businesses valued at \$250,000 or more;
 - e. Owners of farms valued at \$250,000 and more;
 - f. Major professionals (census code list).
Includes Architects, Chemical engineers, Dentists, Economists, Health administrators, Lawyers, Physicians, College level teachers and Veterinarians.
- Score 8 Administrators, Lesser Professionals, Proprietors of
Medium Sized Businesses.
- a. Administrative officers in large concerns: district managers, executive assistants, personnel managers, production managers;
 - b. Proprietors of businesses valued between \$100,000 and \$250,000;
 - c. Owners and operators of farms valued between \$100,000 and \$250,000;
 - d. Commissioned officers in the military: lieutenants, captains, or equivalent;
 - e. Lesser professionals (census code list).
Includes Accountants, Authors, Clergymen, Computer systems analysts, Editors, Librarians, Registered Nurses, Pharmacists, Secondary school teachers,

Score 7 Smaller Business Owners, Farm Owners, Managers,
Minor Professionals

- a. Owners of smaller businesses valued at \$75,000 to \$100,000;
- b. Farm owners/operators with farms valued at \$75,000 to \$100,000;
- c. Entertainers and artists;
- d. Managers (census code list);
- e. Minor professionals (census code list).
Includes Real estate appraisers, Artists,
Radio/Television Announcers, Insurance agents, Painters,
Public relations persons, Real estate agents, Reporters,
Social workers, Elementary level teachers.

Score 6 Technicians, Semiprofessionals, Small Business Owners

- a. Semiprofessionals: Army, M/Sgt., Navy, C.P.O.,
clergymen(not professionally trained);
- b. Owners of businesses valued at \$50,000 to \$75,000;
- c. Farm owners/operators with farms valued at \$50,000 to \$75,000.
- d. Technicians (census code list);
Includes Salesmen, Air traffic controllers, Dental
hygienists, Dietitians, Embalmers, Foresters,
Photographers, Opticians, Legal secretaries,
Stenographers.

Score 5 Clerical and Sales Workers, Small Farm and Business
Owners

- a. Owners of small businesses valued at \$25,000 to \$50,000;
- b. Owners of small farms valued at \$25,000 to \$50,000;
- c. Clerical workers (census code list);
- d. Sales workers (census code list);
Includes Auctioneers, Bank tellers, Bookkeepers,
Cashiers, Dental assistants, Health trainees, Recreation
workers, Telephone operators, Typists.

- Score 4 Smaller Business Owners, Skilled Manual Workers, Craftsmen, and Tenant Farmers
- a. Owners of small businesses and farms valued at less than \$25,000;
 - b. Tenant farmers owning farm machinery and livestock;
 - c. Noncommissioned officers in the military below the rank of master sergeant and C.P.O.;
 - d. Skilled manual workers and craftsmen (census code list). Includes Brickmasons, Cabinetmakers, Carpenters, Detectives, Electricians, Firemen, Glaziers, Interviewers, Jewelers, Machinists, Receptionists, Repairmen, Tailors.
- Score 3 Machine Operators and Semiskilled Workers (census code list)
- Includes Barbers, Bus drivers, Dyers, Fishermen, Guards, Dressmakers, Deliverymen, Nursing aides, Paperhangers, Taxicab drivers, Truck drivers, Welfare service aides. Enlisted members of the armed services (other than noncommissioned officers)
- Score 2 Unskilled Workers (census code list)
- Includes Bartenders, Busboys, Cooks, Elevator operators, Garbage collectors, Laborers, Messengers, School monitors, Parking attendants, Warehousemen.
- Score 1 Farm Laborers/Menial Service Workers
- Includes Baggage porters, Chambermaids, Dishwashers, Farm laborers, Janitors, Stockhandlers, Teamsters, Ushers, Welfare recipients.